0074	5	DIVISION O	F VITAL RECORDS,		CATE OF		MUKE, MI	AKTLAND 212		745	
1. DECEASED-NAME	First		Middle		Last	9.7/9.1	2a. DATE C		D	٧	2b. HOUR
(Type ar print)	BERTH	IA	v.		BAILEY		Jan	nuary	23	, 1968	12:05
3. SEX		4. RACE			S. DATE OF E	IRTH		6 AGE (In year	s	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female		White			Februa	ary, 3, 1	886	81 birthday)	YRS.	MONTHS DAYS	HOURS MIN
7o. BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MA	RIFD	9. COUNTY C	F DEATH			
country) Md.		U.S.A.		WIDOWE		RCED 🔲	Ceci	11			м
10. CITY OR TOWN OF Cecilton.			NAME OF HOSPITAL OR IN: e street address)	STITUTION (I	f nat in haspital			N (Kind of work of glife, even if reti		12b. KIND OF INDUSTRY Home	BUSINESS OR
	(Where decease		utian: Residence befare	13c. CITY	OR TOWN	13d. INSIDE CITY LIV		STREET AND NUMBI	R		
admission) STATE	d.	13b. COUNTY	Cecil	Cec	ilton	YES NO					
14. FATHER'S NAME	First	Middle	Lost		1S. MOTHER'S N	AIDEN NAME FI	irst	Midd	lle		Last
Ja	mes		Bai	ley		Su	san			Husf	elt
PART 1. DE/ 4/0 Canditians, if an	Y, which gave at a cause (a),	BY: TE CAUSE (a) DUE TO, OF (b)	COPONARY R AS A CONSEQUENCE OF A PORTS R AS A CONSEQUENCE OF	occ.		otic h	eart	diseas	9		MATE INTERVAL INSET AND DEATH 5 hot
stating the und)	(c)									<u>-</u>
Se v 19a. DATE OF OPE	RATION 19b.	rebra;	BUTING TO DEATH BUT N APTEMION WAS PE	RFORMED	20a. AUT	Vith E	enili 20b. CAUS	IF YES, WERE FINDI SES OF DEATH?			ERTIFYING
21 a. ACCIDENT N OR CONTRIBUTING (If either, natify 21d. INJURY OCC	medical examin	HOUR A.A	Manth Day Year	9				jury in Part 1 ar Part ty or Tawn	ort 2, lt	em 18.) Caunty	State
While Nat v	vhile 🔲			11/16			2		10		(I) (we) la
saw the	deceased a	ive an	ttended the deceas	ed from _	ind that in (n	ny) (aur) api	nian death	accurred an t	ne dat	e and haur	and fram th

causes stated above, (I) (we) (did) (did nat) view the bady after death

22b. SIGNATURE

ATTENDING PHYS. DEGREE 22e. ADDRESS MED. DIRECTOR STAFF PHYS.

23d. LOCATION (City or Town)

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type)

Wallace Obenshain. M.D.

Cecilton, Md. 21913

(County) (State) Earleville, rural, Cecil, Md.

director, page 3 shauld be detached for use as the purial cremation, or remayal, and in any event, within 72 shauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 BURIAL, CREMATION, BURIAL (Specify)

23b. DATE Jan. 27, 1968

23c. NAME OF CEMETERY OR CREMATORY Johntown Cemetery. 24. FUNERAL DIRECTOR
Edward Fellows & Son, Millington, Md. 21651

2Sa. REC'D BY REGISTRAR
DATE JAN 29 DATE

25b. REGISTRAR'S SIGNATURE 1968 Killaria

VR A15 (4) 30M REV. 1/68

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Laurs after death

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletely find director, page 3 should be detached for use as the burial-transit permit. Then please remove carban

Page 4 may be retained by the hospital ar attending physician.

TO HOSPITAL

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			1, 11 to 11 to 1			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00746

				CLIVIIIICA	TIL OI DEA	1111				000	117	
	ECEASED-NAME First		Middle		Last	20	. DATE OF DE				2b. 1	HOUR
(1	(ype ar print)	William	T.		BECKER			Magth D	9	68		
3. SE	X	4. RACE	3438.7	S	. DATE OF BIRTH		6.	AGE (In years		NDER I YEAR	IF UNDER	
	Male	WHIT	E		10-13-	05		last birthday) 62 YRS	MON	THS DAYS	HOURS	MIN
	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WI	IAT COUNTRY?	B. MARRIED	NEVER MARRIED	9. CC	OUNTY OF DE	ATH			-	
caur	ntry)	U.S	.A.	WIDOWED				Cecil Co	unt	.y		M
10. C	ITY OR TOWN OF DEATH	11. NA	AME OF HOSPITAL OR INS	TITUTION (If nat				ind of work done		2b. KIND OF	BUSINESS	OR
	Perry Point	give s	street address Hos	pital	du	ring mast af	f working life	e, even if retired.)		NDUSTRY		
13a.	USUAL RESIDENCE (Where decease		ian: Residence befare	13c. CITY OR T	OWN 13d. INSI	DE CITY LIMITS?		T AND NUMBER			1 35	
admi	issian) STATE Maryland	13b. COUNTY	- 1/	Balt:	Lmore YES	NO 🗆	2	327 McE]	.de1	ry S	t.	
	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN N	NAME First		Middle			Last	n.u
	JOHN	M.	BECKE	R	ELIZA	BETH	4 /	JUMBE.	4			
16g.	WAS DECEASED EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY N	NO. 17. INF	ORMANT	D10=0		Address				
,	'es, na, ar unknawn) (If yes give v Yes WW	TT	220-07-82	2-41 V	Hospita	1 Rec	ords -	Perry I	oir	rt. M	arvl	and
	1B. CAUSE OF DEATH (Enter or	ly ane cause per lir)	THE LANGE					APPROXI BETWEEN (MATE INTERV	AL FATH
1255	PART I. DEATH WAS CAUSED BY:											
	433.9	0.002 (0)	S A CONSEQUENCE OF			1.1148			-	1		
	Canditians, if any, which gave	45	Cerebral :	infarc	cion (CV	A) ol	d		- 1	4 ye	ars	
	rise ta immediate cause (a), stating the underlying cause((~)	AS A CONSEQUENCE OF									
	(c) Cerebral arteriosclerosis, severe									ye	ears	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
7	332x		275165									
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON								CONSI	DERED IN C	ERTIFYING	;
TIFIC	YES (KE)C NO [CAUSES OF DEATH?											
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)											
OICAL	OR CONTRIBUTING CAUSE OF DEA		Manth Day Year									
ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAC		ATION Street ar R.I	F.D. Na.	City ar	Tawn	Co	unty	S	tate
	While Nat while at wark at wark		COFFICE BUILDING, ETC.									
	22a. I certify that x(b) (this hospital) attended the deceased from 11 25 669 , to 1 29 68 , 19 , that (\$0) (\$0) (\$0) (\$0) (\$0) (\$0) (\$0) (\$0)											
	xosoxxbexbeosoxx	CIVECTOR XXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9, ond	that in (ppy) (au	ır) apinion	deoth occ	urred on the o	ate a	nd hour	and fro	m th
	causes stated above	e, (1) (we) (did)	(did nat) view the	body offer de	ath.			Lan	0.175	CIONES		
	22b. SIGNATURE	m-	2	1. DEGREE	ATTENDING	MED.		TAFF -F-O		SIGNED 30-68	2	
	22d. PHYSICIAN'S	- 11104	mly, n	1. D. DEGKER	PHYS. L	→ DIRECT	OR L	нус. 🕰	1-	50-00	,	
		. MOONE	y. M.DA			Hoeni	tal _	Perry Po	า์ n+	Mo:	מ לזנים	Бn
22.	BURIAL CREMATION. 23b.			CEMETERY OR C				(City or Town)			(State	
		- 2 - 68			ational				,	ounty)	,)
	FUNERAL DIRECTOR	4 00				REC'D BY REC	GISTRAR	25b. REGISTRAR	Z SIGN	ATURE -	14	
				Jeffers	on St	FEB	1 19	68 200	624	Cas J	ndal	
	JOHN A. MILLER	FUNERAL	HUME - Bal	Ltimore	Md DATE	1	7 10	NO F		- 1	0	

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physicion ond completely filled in by the funeral director, page 3 shauld be detached far use os the buriol-tronsit permit. Then please remove corbon popers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after depth

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

Poge 4 moy be retained by the hospital or attending physicion.

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director, page 3 should be detached for use as the burial-transit permit. Then piease remave caruan papers, pages is should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how Page 4 may be retained by the haspital ar attending physician.

1	00747 Division of STATISTICAL	RESEARCH AND RECORDS, 30]	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
	Items 8 & 9 Film	G398 2/CERTIFICATE	OF DEATH	00'74'7
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Resider o. STATE b. COUNTY	nce before odmission)
L	Cecil	MARYLAND	Maryland	Cecil
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	re nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital content of the content of	pital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
) 2	232 East High Street		232 East High Street	YES NO T
3.	NAME OF First DECEASED (Type or print) Mary	Middle	lost 4. DATE Month OF DEATH January	Doy Year 19 19 68
	(Type or print) Mary SEX 6. COLOR OR RACE 7. MAR Female Negro WIDO	RRIED NEVER MARRIED E	B. DATE OF BIRTH 2/10/1/20 1885 BEATH SETTURETY 9. AGE (In years IFUNDER Manths Yes.	
	o. USUAL OCCUPATION (Give kind of wark dane ring mest of working life, even if retired)	IOb. KIND OF BUSINESS OR INDUSTRY	((ITIZEN OF WHAT OUNTRY? S.A.
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
L	Josh Thomas		Martha	
15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates af service)		INFORMANT 2506 Eas Lliam A. Bessicks Elkton,	t High St. Maryland
	IB. CAUSE OF DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).) ardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 5-Days
	nise to immediate cause (a)	pertension		7-Years
	stating the underlying cause DUE TO	ephritis		7-Years
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION		05. DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Part I ar Part II af item IB.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o.m.		CE OF INJURY (Home, farm, lary, street, affice bldg., etc.) (Co	ounty) (State)

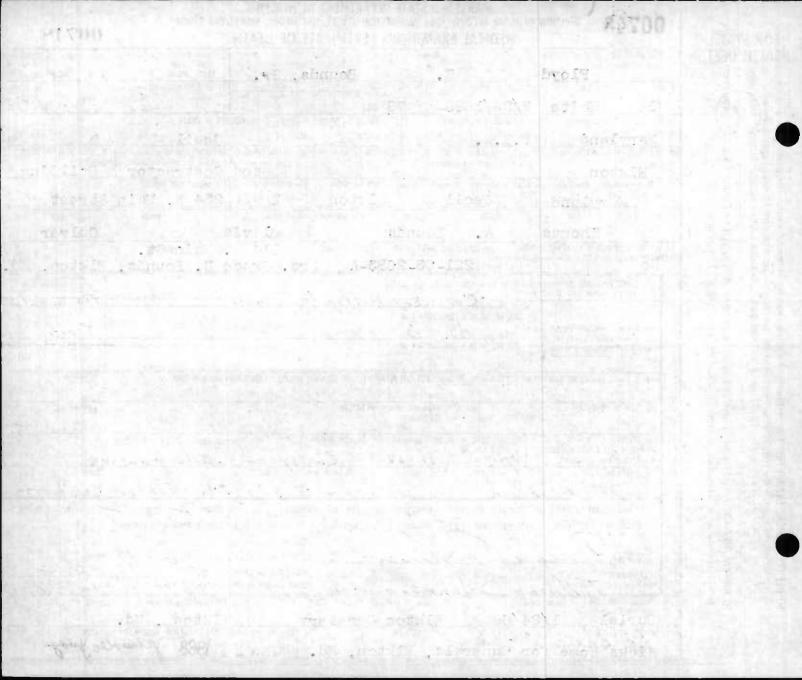
20c. TIME OF INJURY Manth, Day, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While Nat While at wark factory, street, affice bldg., etc.) certify that (I) (this hospital) attended the deceased fram 19.68, and that death accurred at 30M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 1/19/68 220. SIGNATUR ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 245 E. 22c. PHYSICIAN'S NAME (Type) James Johnson M.D. St., Elkton Cecil Md. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 23d. LOCATION (City or Town) (County) (Stote) Cem. Maryland Providence FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR Milanelas Judge 1968 Poplar

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00748 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT I. DECEASED-NAME First 2a. DATE KNOWN Manth Middle Last 2b HOUR (Type or Print) ESTI-OF Page 0 0 Bloyd Bounds 1017 M DEATH MATED 0 27 and 3 6. AGE (In years 4. RACE IF UNDER 24 HRS 3. SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) Month Doy 25 M White 2/29 79 Male YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) aryland farwarded ta the Chief Medical Examiner's Office along with farg U.S.A. WIDOWED DIVORCED [Cecil Give Pages pages 1 and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done after death 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Elkton Building Mason Contractor 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Cecil odmission) STATE Warvland Elkton Item 18. 234 W. Main Street haurs after 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Bounds Olivia Thomas Culver . haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 234 W. MainADBBB. pencil 17. INFORMANT be executed within (Yes no, or unknown) 221-03-2683-A Elkton. Grace S. Bounds. permit. File within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending Few minutar oren zer IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove YLave rise to immediate couse (a), This certificate shauld necessary, please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 QS remaval 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO 4 pe 10 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b, TIME OF INJURY Month, Day, Year may be retained for your mes. FUNERAL DIRECTOR: Page 3 should 4 shauld HOUR A.M. 10 MEDICAL PRIMARY OR CONTRIBUTING [EXAMINER: cremation, CAUSE OF DEATH 21 d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County City or Town State foctory, affice building, etc.) WHILE AT WORK AT WORK Vic 2797 JIK Elkton the funeral director. Page burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection 2 Inquiry 4 and in my opinion deoth resulted from: Noturol couses 2 Accident Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior 1 ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 1-20-68 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health ADDRESS(Street, city, town, or county) 123 5.4 god, Avo. ElAton hNJON 23b. DATE BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 24/68 Elkton Cemetery a 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5 Funerals, Elkton, Md. DATEJAIN for 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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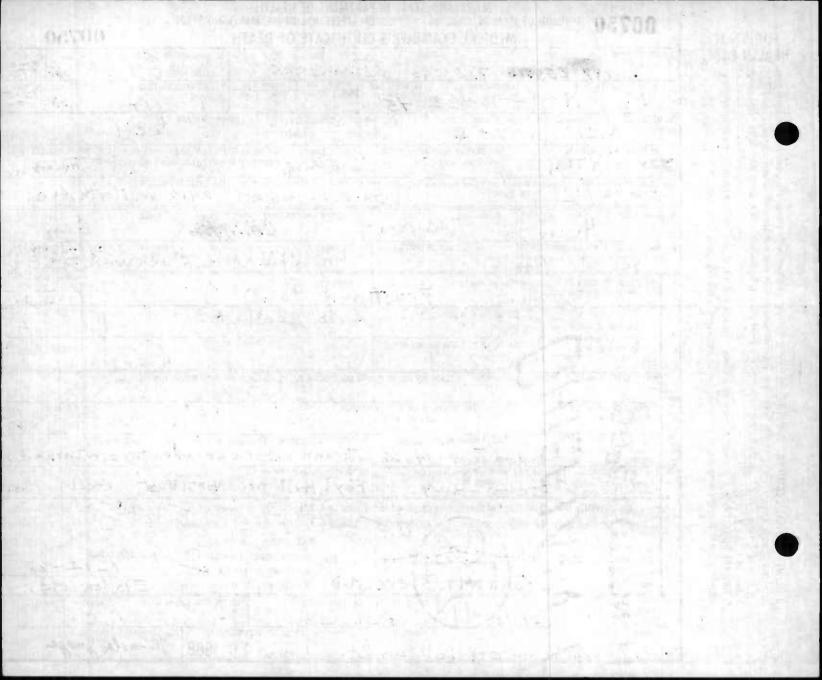
749	CERTIFICATE OF DEAT	ſ

Reg. Dist. No.

PLACE OF DEATH a. COUNTY	Cecil		MARYLAND	2. USUAL RESI	DENCE (Where de	ceosed lived. If instit b. COUN		before admis	ssion)
b. CITY OR TOWN RURAL ond give Warw	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	rown (If outside Warw	corporate limits, write	RURAL ond giv	re nearest tow	rn)
	PITAL (If not in hospital,	give street o	oddress)	d. STREET A	DDRESS			ON A	SIDENCE A FARM?
3. NAME OF DECEASED		rst	Middle	los	0	F	lonth	Day	Year
(Type ar print)		gnes	L.	Brise			Jan.		19 68
S. SEX	6. COLOR OR RACE		ED NEVER MARRIED	B. DATE OF BIRT		9. AGE (In year lost birthdoy	Months D	YEAR IF UND	Min.
Female	Negro	WIDOWE	1	March	3,1887	00	rs.		
during most of w	orking life, even if retired	dane 10b. I	KIND OF BUSINESS OR INDI	D. 60	ACE (State or for arvland	eign country)		I.S.A.	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME	Obcom Hard			
.T	ohn R. Hol	lling	sworth	Т	S earlie.	. Hooper			
	VER IN U. S. ARMED FOR	RCES? 16. S	SOCIAL SECURITY NO.	INFORMANT			ddress Ma		Àğ.
IR CAUSE OF D	EATH [Enter only one co			TOTA II.	THILL	rt- warw	CK, MO	INTERVAL BI	FTWFFN
	EATH WAS CAUSED BY:				-3-3			ONSET AND	DEATH
11100	IMMEDIATE CAUSE (c		lassive Coro	mary oc	culton			4	hour
Conditians, if gove rise ta couse (a), stotin	immediate Dur To	b) A	rterioscler	otic He	art Di	sease.		ye	ears
lying cause las	-/		ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL D	DISEASE CONDITION (GIVEN IN PART I	PERFC	ORMED?
OR CONTRIBUTION	VAS UNDERLYING DIG CAUSE OF DEATH TY MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY OCCURR		f injury in Port 1	or Port II of item 18.)		TES [] NO [
20c. TIME OF INJI Haur a. m p. m	. 10	While	JURY OCCURRED 20e. P Not while of work	LACE OF INJURY (octory, street, office	Home, farm, 201 bldg., etc.)	(City or town)	{Co	unty)	(Stote)
21. I certify	that I attended the	e decease	ed fram k July	19.67	, ta 28	Jan 196	Shat I last	saw the c	deceased
alive an 28			dinglem		6:00,		and an the	date state	
PHYSICIAN'S NAME (Type)	Wallace	e_Obe	shain, M.D.		Ceci	lton, Md.			
22a. BURIAL, CREMAT REMOVAL (Specif		OF	22c. NAME OF CEMETERY	OR CREMATORY	22d.	LOCATION (City, tawi	n, or county)	(Sta	
Burial	" Feb.3.1	1968	Dale Cemet	orw		Middletov	"	(310	ite)

TO HOSPITAL O' ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ho by be retained. After this certificate has been signed by the ottending physician and campletely filled in poge 3 should be detoched far use as the burial-transit permit. Then please remove corban papers. Pages and the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

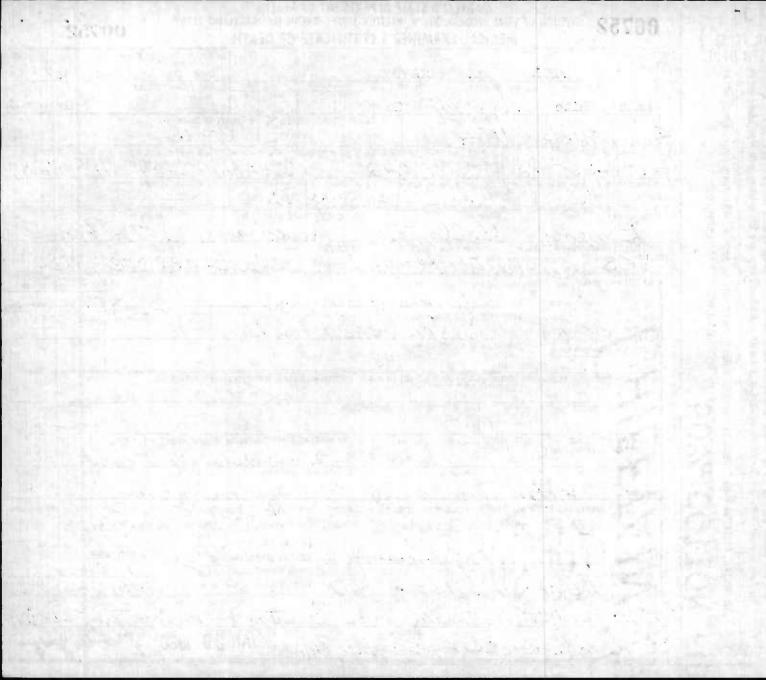
		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE			00'750
HEALTH DEPT		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month	
To age to		HENRY LEWIS THOMAS DUMPERS DEATH MATED 1	14 1963 7 5 M
ny delay 1, 2, and 3 m PM3. Pa	3. SE	A. RACE S. DATE OF BIRTH 4-15-22 6. AGE (in years le under 1 Year le under 24 Hrs. less birth(pry) MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD Month Poy	Year 1968 2d. HOUR
form F		17) N.C. VISIA. WIDOWED DIVORCED Cecil	Mo
after death. 8. Give Pages alang with far with the State eath.	10. (ITY OR TOWN OF DEATH. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done of during most of working life, even if retired.)	26. KIND OF BUSINESS OR NDUSTRY THE ACTION
s after 18. Giv alang with t death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13s/ CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	4 - 1
24 hours in Item 1. 's Office is land 2 rs after d	14. F	ATHER'S NAME Hirst Middle Bumpers Is. MOTHER'S MAIDEN NAME First Middle	Gray
hin ncil niner page hour		WAS DECEASED EVER IN U.S. ARMED FORCES? os. no. or unknown) (If yos give your ordates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT MVS. C) idy Mae Blackwe	og Kate HIII.
red val Ex		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in inset Medical Bunsit permit. I event within		This course cross (o)	Linked,
pe e ''pen ief A ief A		Conditions, if only, which gove 1	
ertificate shauld be executed writing the ward "pending" warded to the Chief Medical sed as a burial-transit permit.		rise to immediate couse (o), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last.	
the the to the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
		8224	
. B DE	FICATIO	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
The per per per per per per per per per pe	CERT	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	n 18.)
INER: Te certifice should by files. 3 should a should ortion, or	EDICAL	CAUSE OF DEATH	rentunned.
	W	foctory office building etc.)	Sounty Stote Md.
AL E. Page for ridl,		22a. I certify that I took charge of the remains described above, held an Autapsy, Inspection Inquiry,	ond in my opinion
Se e ectar ined RECT	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DOU'N'SO		
plea reta reta iar t	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DELEASES NAME First		
ury, nera be r be ERA		SIGNATURE PEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
O DEPUTY necessary, p the funeral 5 may be r O FUNERAL Health prior		NAME (Type) Work Mc Byers, M.D. ADDRESS(Street, city, town, or county) E) &	fon, Md.
01 24 20 H	4	REMOVAL (Specify)	County) (State)
MD 41545 (5)	-	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	SNATURE
VR A15ME (5) 10M REV. 1/68	Ke	sen tuneral Home 1348 Calhour St. DAFMIN 16 1968 Juliane	of the



MARYLAND STATE DEPARTMENT OF HEALTH 00751 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00751 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) B. ButleR 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR campletely filled in by the 1 last birthday) MONTHS -emale white 2-5- 1884 oan papers. Pag within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Germany WIDOWED 5 USA DIVORCED | Gecil 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) remave carban Domestic event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY 151 S. Queen St. YES NO M Rising Sun and in any 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Martin Breitenbach Christine Stahlmann 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Mrs. Helen Oram (Same) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 220-46-1800 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ben forsive Contictos cole disco - +il Apterio sclosis Advanced Conditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ied far use as the L cof Health priar to b 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? mi. YES 🗍 NO Z O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) etached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 2 3 , 1967, ta 1-17 , 1968, that (I) (we) last saw the deceased alive an 1-17 and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) C. H. JE. M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) 23b. DATE 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Parkwood Cemetery Baltimore, Md. 1/20/68. 24. FUNERAL DIRECTOR VR AV5 (4) Leonard J. Ruc k, Inc. Balto. Md. 21214 30M REW, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) FSTI-OF Page 8 PM NORMAN af I., CLAYTON DEATH MATED IF LINDER 1 YEAR 4 RACE 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 2d. HOUR MONTHS Month Day 26 YRS Male White 8.357M 7o. BIRTHPLACE (Stote or foreign. 7b. CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED [I and 2 with the State Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done havrs after death 12b. KIND OF BUSINESS OR Office alang with most of working life over it retired.) give street oddress death. 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 134-CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Item 18. after IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Lost Middle 24 hours _= Examiner's pages 17. INFORMANT ADDRESS pencil Fie 9 APPROXIMATE INTERVAL within be executed CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH farwarded to the Chief Medical "pending" PART I. DEATH WAS CAUSED BY: Lutracatania IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D SD remaval CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES I NO T execute the certificate, pe 21o. EXTERNAL CAUSE WAS P 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld 4 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: 20-1968 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. State your foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 220. I certify that I taak charge of the remains described above, held an Autapsy 2 Inspection 1 and in my apinion death resulted from: Noturol couses _Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER priar ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE may be DEPLITY MEDICAL EXAMINER 5 may 10 FUNE **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) the 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION_(City or Town) (County) (Stote) emeles REGISTRARIS SIGNALL VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

KECUKDS, SUI W. PKESTU	N SIKEEL, BALLIMUKE,	MAKILAND ZI
CERTIFICATE	OF DEATH	

00753

. DECEASED-NAME	First	Middle		Lost		20. DATE OF DEATH		2b. HOUR
(Type or print)	IRVIN	W.		CLEM		Month Doy	31 Yeor 6	
3. SEX	4. RACE		S	DATE OF BIRTH		6. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS.
Male		White		5-3-	20	lost birthdoy) YRS.	MONTHS DAYS	HOURS MIN
a. BIRTHPLACE (State or	foreign 7b. CITIZE		MAPPIED [NEVER MARRIED		COUNTY OF DEATH		
Baltimore		USA	WIDOWED _			Cecil		N
O. CITY OR TOWN OF DEA	***	11. NAME OF HOSPITAL OR INSTI give street oddress) Veterans Adr				OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR ration
O. USUAL RESIDENCE (W	here deceosed lived, it	institution: Residence before	3c. CITY OR TO		NSIDE CITY LIMIT			
dmission) STATE Mai	ryland 13b. C	TINDUNTY	Baltim	ore YES	NO [3413 Flanner	y Lane	
		Aiddle Lost	15. /	MOTHER'S MAIDEN	NAME First			Lost
Harry		I. Clem			Eth	c.	15.13	Amos
60 WAS DECEASED EVER		? 16b. SOCIAL SECURITY NO). 17. INF	ORMANT		Address	.0152.0	
Yes, no, or unknown) Yes	(If yes give war or dates of s	ervice) 214_24_25	16 VA	Hosnita	1 Rec	ords, Perry Po	int. M	d.
		se per line for (o), (b), and (c).)	LO NA	HODDTOG	4100	0145, 1011, 10	APPROXI	IMATE INTERVAL
	WAS CAUSED BY:	Marledmin D		T. On .			BETWEEN O	ONSET ANO DEATH
11510	IMMEDIATE CAUSE		u.mona.	ry iniai	CUS			
70,0		TO, OR AS A CONSEQUENCE OF						
Conditions, if ony, v		(b) Massive P	ulmona	ry embol	Lism		1 h	our
stoting the underly		TO, OR AS A CONSEQUENCE OF						
lost.)	(c) Thrombop	hlebit	is, righ	nt leg	vein		
PART 2. OTHER SIGN	HIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO 1	HE TERMINAL DIS	EASE OR CON	DITION GIVEN IN PART 1(o)		MILLY
= 463 X								
190. DATE OF OPERAT	ION 19b. CONDITION	FOR WHICH OPERATION WAS PERF	ORMED	20a. AUTOPSY?	NO 🗆	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN C	ERTIFYING
210. ACCIDENT WAS	UNDERLYING 21b.	TIME OF INJURY	21c. HOW			oture of injury in Port 1 or Port 2, I	tem 18.)	
OR CONTRIBUTING [JR A.M. Month Doy Yeor P.M. 19			100			
- ZIO. INJUKT ULLUK	RED 21e. PLACE OF	P.M. 19 INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	RY.) 21f. LOCA	ATION Street or	R.F.D. No.	City or Town	County	Stote
While Not while	43	COFFICE BOILDING, ETC.						
		altended the deceased	from Ju	ne 29	, 19.67	_, to1/31/	oo that	XXXXXXX
SOW COLOR	eceased xabive x o o x) (did) (MCCOX) view the bo	XXX, and	that in tmyk(our) opini	an death accurred on the da	te and haur	and from t
22b. SIGNATURE	•		-	ATTENDING	☐ MED	CTAFF	DATE SIGNED	*East
	U.L.	mooneur	W . LOEGREE	ATTENDING PHYS.	DIRE	CTOR PHYS. EX 1	-31-68	
22d. PHYSICIAN'S		(1)		22e. ADDRESS	55 10			
NAME (Type)	A. L. MO	ONEY, M.D.		VA HO	SPITA	L. Perry Point	Md.	
30. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CE	METERY OR CI			23d. LOCATION (City or Town)	(County)	(Stote)
BEMOVAL (Specify)	2/3/68	Loudon				Balto.	(200111)	, ,
4. FUNERAL DIRECTOR	12/3/00	Incappress	Tark U		BEC,D BA	REGISTRAR 2Sb. REGISTRAR'S	SICHATURE	Md.
	nck Funer	al Home. Balt	imore	Md - 1230	FEB	1 1968	The you	8
HEUMAIU K	ACK LUMET	at mome a Date	THICK E	114 D	11-20		6.0	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Py should be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 that

VR A15 (4) 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haug

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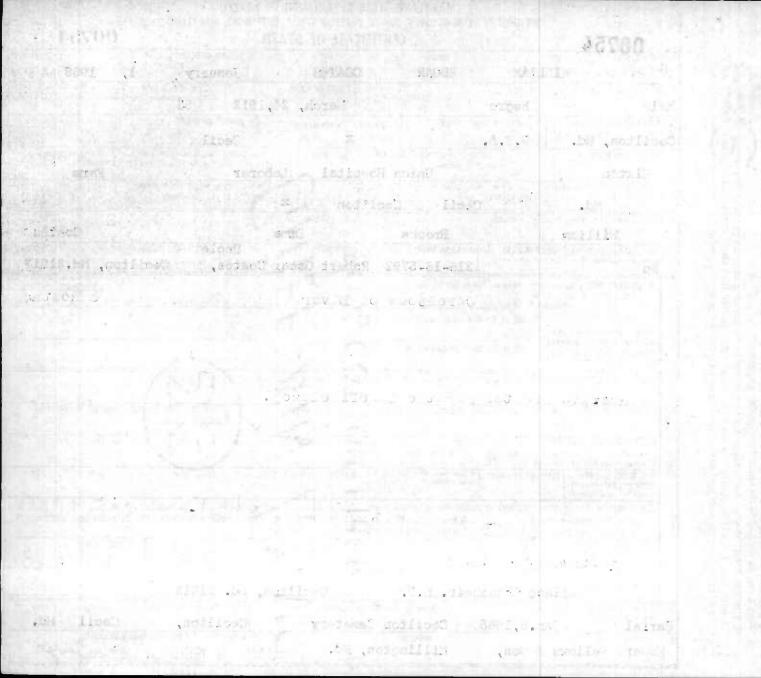
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301

. I RESTOR STREET, DALITHORE, MARTENIO ZIZO	7.1
FICATE OF DEATH	00754

0075	i.		CE	RTIFICAT	E OF DEA	TH			00754	1
1. DECEASEO-NAME (Type ar print)	First WILI	LIAM	Middle EDGAR	COA	Lost TES		NATE OF OEATH	inth Pay	Ĭ968	2b. HOUR
3. SEX		4. RACE			ATE OF BIRTH	100		(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		Negro		M	arch, 2	4,1912	55	oirthday)	MONTHS DAYS	HOURS MIN.
ra. BIRTHPLACE (State country). Cecilton,	or fareign 7	U.S.A.		MARRIEO N	OIVORCED		NTY OF DEATH			Mo
O. CITY OR TOWN OF		11. No	AME OF HOSPITAL OR INSTIT	UTION (If nat in h	naspital 12a	USUAL OCCU	PATION (Kind o	f wark dane	12b. KIND OF E	BUSINESS OR
Elkton	41444		street address) Union	Hospit	al L		arking life, eve		Farm	
admission) STATE	(Where deceased	d lived, it institut	ian: Kesidence befare	ecilton	N 13d. INSID	NO 🗌	13e. STREET AN	D NUMBER		
14. FATHER'S NAME	First	Middle	Last	15. MO	HER'S MAIDEN N	AME First		Middle		Last
	liam		Brooks		Emma				Co	ates
16a. WAS DECEASED EV	ER IN U.S. ARME	O FORCES? or dates of service)	16b. SOCIAL SECURITY NO.				cle	Address		
Yes, na, ar unknawn			216-16-579	2 Robe	rt Oscar	r Coate	8,	Cecilt	on, Md.	21913
Canditions, if ony rise to immedia stating the under last. PART 2. OTHER SI	which gave to cause (a), orlying couse GNIFICANT COND	CITIONS CONTRIBU	Carcinoma AS A CONSEQUENCE OF AS A CONSEQUENCE OF TING TO DEATH BUT NOT Hepatic inches of the properties of the performance	RELATED TO THE	TERMINAL DISEAS			RE FINDINGS CO	ONSIDERED IN CEI	nths
OR CONTRIBUTING (If either, natify r 21d. INJURY OCCE While Nat w at wark at wo 22a. 1 certify sow the	CAUSE OF DEATH medical examine JRRED 21e. P hile (1) (this deceosed oliv	HOUR A.M. P.M. LACE OF INJURY hospitol) atte		framV®	UURY OCCURRED N Street or R.F. of in (my) (ou	(Enter nature	City or Town	· 19_	Caunty	State (I) (we) las
22b. SIGNATURE	lloce 1	Obenst	lain	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. [DATE SIGNED	n 68
22d. PHYSICIAN'S NAME (Type)	Wallac	e Obens	hain. M.D.		22e. ADDRESS Cecilto	on, Md.	21913			
23a. BURIAL, CREMATIC REMOVAL (Specify	Jar	ATE 1.6,1968			atory ery	23d. Cec	LOCATION (City		(Caunty) Cecil	(State) Md.
24. FUNERAL DIRECTOR Edward Fe		& Son,	ADDRESS Milling	ton, Md		JAN	TRAR 251 8 1968	o. REGISTRAR'S	SIGNATURE YOU	ye.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon a spould be filed with the State Dept. af Health prior ta burial, cremation, ar removol, and in any event, with



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00755

					•			
	DECEASED-NAME First	Mido	dle	Last	2a. DA	TE OF DEATH Month Day	Vans	2b. HOUR A
	(Type or print) Elizabe	th Trea	sa C	offin		Jan. 10	1968	7:30M
3. 9		4. RACE		5. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
	Female	White	3-27-5-1	12-15-18	83	last birthday) 84 YRS.	morring Data	HOURS MIN.
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNT	Y OF DEATH		
COL	Penna.	U. S. A.	WIDOWED	DIVORCED	Cec	il Co. Mar	vland	Md.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in hospitol 12o. U	ISUAL OCCUPA	TION (Kind af wark done	12b. KIND OF	
N	ottingham Pa	R.D. give street address	igham Pa.	R.F.D.	House	wife Ret.	Own Own	Home
130	. USUAL RESIDENCE (Where deceose	d lived if incelevation. Decidence	e before 13c. CITY OR	TOWN 13d. INSIDE C		le. STREET AND NUMBER		
adr	mission) STATE Md.	13b. COUNTY Cecil	Notti	ngham YES	NO 💂	Nottingham	Pa. R	.F.D.
14.	FATHER'S NAME First	Middle	Last 1:	S. MOTHER'S MAIDEN NAM	NE First	Middle		Last
0	harles	Re	eger	Anna			Tr	ess
16	a. WAS DECEASED EVER IN U.S. ARME		SECURITY NO. 17.	INFORMANT		Address		
	Yes na, ar unknown) (If yes give wa	r or dates of service) 202-1	L8-3881 N	rs. Dorot	hy Mc	Cord Notti	ngham	R.D.
	18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b)), and (c).)	11 4	71	7		MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAUSED	BY: TE CAUSE (a)	Elstin	(Lear)	fail	uro	13	eur
	440 9 IMMEDIA	DUE TO, OR AS A CONSEQU	JENCE OF	4	1 -	× 1	0	
	Canditians, if any, which gove	/E)	Cirl	en se	Kero	lu		
	rise to immediate couse (o),(stating the underlying cause	DUE TO, OR AS A CONSEQU	JENCE OF		H-5			
	last.	(c)	100					
	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED T	O THE TERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1(o)		
_	4500							
CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	2	Ob. 1F YES, WERE FINDINGS O	ONSIDERED IN CO	ERTIFYING
TEIC				YES NO	M	AUSES OF DEATH?		
		21b. TIME OF INJURY	21c. H			f injury in Part 1 ar Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		Yeor 19					
MED		PLACE OF INJURY (AT HOME, FARM OFFICE BUILDIN		OCATION Street or R.F.D.	No.	City ar Town	County	Stote
	While Not while ot wark	OFFICE BUILDIN	IG, ETC.	0 0		1		
П	220. I certify that (I) (this	s hospital) ottended the	deceased from	ne 1	967, to	Am 10, 19	CF, that	(1) (we) last
	sow the deceased ali	ive on the 10	19_12\/\dn	d that in (my) (qur)		oth occurred on the do	ote ond hour	ond from the
	couses stoted obove,	(I) (we) (did) (did not) vi	iew the body after	deoth.	01.	,		
	22b. SIGNATURE	11 tonno	n hall	REF DHYS	MED.	STAFF -	DATE SIGNED	15
	144	-000	DEG	FILIS.	DIRECTOR	PHYS.	~ 16	60
	22d. PHYSICIAN'S NAME (Type)	. Kon	uson	22e. ADDRESS	1708	-d Pen	11/a	
23	o. BURIAL, CREMATION, 23b. D	ATE - 23c.	NAME OF CEMETERY OF	CREMATORY	23d. LC	OCATION (City ar Town)	(Caunty)	(Stote)
	Burial Jan	. 13.68 St	Denis	Cem.			Del Co	Pa.
24	EUNERAL DIRECTOR 74 30	Funer	ADDRESS // 0 9	112	D BY REGISTE		SIGNATURE	see :
K	Soll Much	Com Ne. F	lising Su		IN 16	1968 Julia	1	0 :
Sec.	17/1/1/							

death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 thaurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pages should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV. 1/68

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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tuneral 1 and er death			PLACE OF DEATH D. COUNTY	Cecil		MAI	RYLAND	o. STATE	(Where deceosed lived, if inst b. C yland	titution: Residence I		
by the Pages ours aft			write RUPAL and	f outside corporate limit: give neorest town) ON	s,	c. LENGTH OF STAY	-		utside corporote limits, write			
ed in Zah.	61			al or institution (if no		give street oddress)		d. STREET ADDRESS R. F. D. #	3, Box 316		e. IS RESIDENCE ON A FARM? YES NO [T.
letely f carban nt, with	07		NAME OF DECEASED Type or print)	Claren		R Middle	Çc	40.74	OF DEATH 1	Aonth	Doy Year 3 19 68	
nd comp emove any eve	1		le	6. COLOR OR RACE Negro				DATE OF BIRTH /10/1,897	9. AGE (In years lost birth years) Months Do	ογs Hours Mir	
ician ar lease ra and in				(Give kind of work done ife, even if retired)	10b. KI IN	ND OF BUSINESS OR DUSTRY		Virgin		12. CITIZE COUNT	N OF WHAT	
phys Then p moval,			Ruben C		Liv	SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN Mary Bail IFORMANT	Ley			11
aftendir sermit. an, ar re		(Ye		R IN U.S. ARMED FORCES? (If yes give wor or dotes o							3,Box 3 Maryla	
physician. signed by the attending physician and completely filled in the tuneral burial-transit permit. Then please remove carban papers. Pages I and 2 burial, crematian, ar removal, and in any event, within 72 hours after death.			PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) <u>Ca</u>	(o), (b), ond (c).) rcinoma	Of A	bdomen		6	ONSEL AND DEATH	_
physici signed burial- burial,			Conditions, if ony, rise to immediat stating the under	which gove a couse (o),	(b) Pa	rtial Ch	stru	ction Of	Abdomen	6	-Months	
attending has been se as the th priar to		7	last.)		rdiac ar			ONDITION GIVEN IN PART 1(0)		-Year	=
al ar at ficate ho far use Health	2	CERTIFICATION	1992 200. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port I or Port II of item 1B.)		PERFORMED? YES NO	X
a to b		MEDICAL CER		MEDICAL EXAMINER) RY Month, Doy, Yeor		JURY OCCURRED		OF INJURY (Home, for) (County	(Stote)	
d by the After the deede State		ME	p.n 21. 1 certif	y that (I) (this has	While ot work	ded the deceased	from_1	ry, street, office bldg., etc	1967, to 1/3/	, 1968	, that (I) (we)	lost
retained by the has ECTOR: After this ce 3 should be detache with the State Dept.			saw the de	eceased alive on 1	13/1	19 <u>.68</u> ,		ATTENDING	MED. STAFF	es and on the	SIGNED	ve.
nay be page pege			22. DHYSICIAN'S NAME (Type)	James I.	Joh	nson M.I). MD	224 ADDRESS	ligh, St., El			
Page 4 may be of FUNERAL DIRI director, page 3 should be filed v		230	BURIAL, CREMATIC REMOVAL (Specify)	N, 23b. DATE THE		23c. NAME OF CEN		REMATORY	23d. LOCATION (City or Cedar Hi	Town) (Co	unty) (Stote)	=
VR A15 (4)		24.	FUNERAL DIRECTO			ADDRESS 909 Popl		2So. REC	'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGN		_

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay's

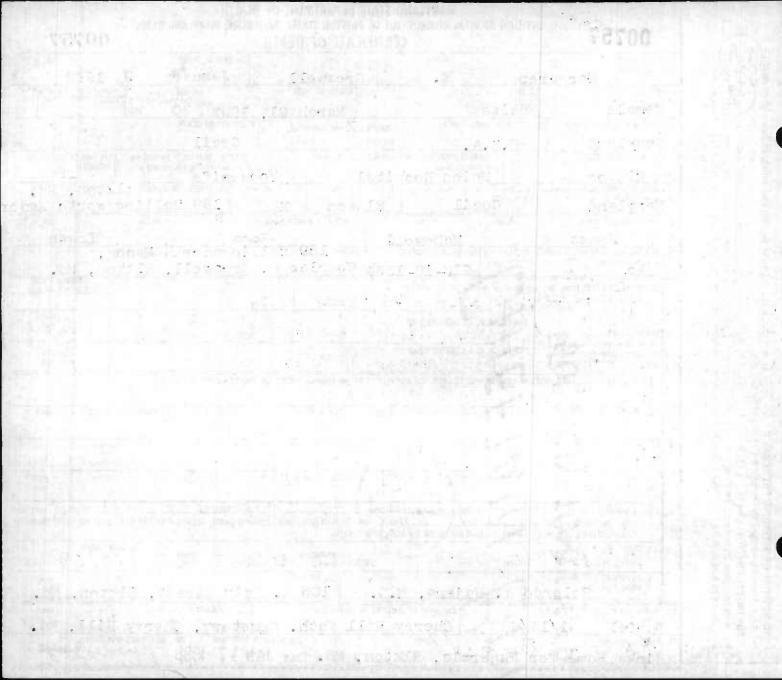
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00.0.				LEKITLIC	AIE UF	DEALL			U	010	1.6
	ECEASED-NAME	First .		Middle		Lost		2a. DATE O				2b. HOUR
(1	Type or print) Ma	rgar	et	E.	C	reswe	11	Jar	nuary	Day]	1968	M
3. SE			4. RACE			S. DATE OF BI	RTH		6. AGE (In years lost birthday)		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
	Female		White			Marc	h 21.	1897	70 y	RS. MONTHS	DATS	HOURS MIN
	BIRTHPLACE (State or fore	eign 7	b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MAR	7.7	9. COUNTY OF	DEATH			
COU	Maryland		U.S.A		WIDOWED	DIVOR	RCED 🗌	Cec	ll			Md.
10. 0	Elkton		give st	ME OF HOSPITAL OR INS reet address) 1101 Hos			during m	ost of working	I (Kind of work do Life, even if retire ⊖	d.) INC	DUSTRY	BUSINESS OR
130.	USUAL RESIDENCE (Where	e deceased	lived, if institution	in: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY L	IMITS? 13e. S'	REET AND NUMBER			
adm	Maryland		13b. COUNTY	cil	Elk	ton	YES NO	0 18	39 Holl:	ingsv	vort	h Mano
14. 1	FATHER'S NAME First		Middle	Last	1:	. MOTHER'S MA	AIDEN NAME F	First	Middle	ð		Last
	Jam e	S		McDowe	11			mma			Log	an
160.	. WAS DECEASED EVER IN	U.S. ARMED	FORCES? or dates of service)	16b. SOCIAL SECURITY I					orthading			
	res, no. or unknawn)	,		218-18-	1364	Charl	es A.	Cresv	rell, El	Lktor	1, M	d
	1B. CAUSE OF DEATH (Enter anly	ane cause per line	e far (a), (b), and (c).)	4777						NATE INTERVAL NSET AND DEATH
	PART I. DEATH WA	S CAUSED E	CAUSE (o)	DWGESTO	UE IT	CAUT	FALL	LERE				
	4/29		DUE TO OR AS	A CONSEQUENCE OF					0.60.0		2	1.
	Canditians, if any, which rise to immediate cau		(b) AR	TEMOSCIE	notic	CARDIO	UASCU	ELAR	DISEASE	5	3 m	mus
	stating the underlying		DUE TO, OR AS	A CONSEQUENCE OF						100	2 10	0
	last. 4221)		ENERALL!							7 40	wife.
	PART 2. OTHER SIGNIFIC		-		OT RELATED T	THE TERMINA	L DISEASE OR	CONDITION GIVE	N IN PART 1(a)			
NC	DIABETE									KLIS		
CERTIFICATION	190. DATE OF OPERATION	19ь. со	NDITION FOR WHIC	CH OPERATION WAS PE		20a. AUTO	NO L	CAUSE	F YES, WERE FINDING S OF DEATH?			RTIFYING
	21a. ACCIDENT WAS UN		21b. TIME OF HOUR A.M.						ory in Part 1 or Por	1	r	
MEDICAL	(If either, natify medical	al examine) < P.M.	1 7 1	968	ell on			w she (ost h	er b	alune
ME	21d. INJURY OCCURRED While Not while of work	21e. Pl	ACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.					ar Tawn	Cou		State
	22a L certify that	(1) (this	hospital) atte	nded the deceas	ed from_	1-7	, 19_0	68, to_	1-9	19 68	_, that	(I) (we) lost
	causes stoted	osed aliv l obove,	re on	did not) view the	9 <u>68</u> , on body after	d that in (m death.	y) (our) op	inion death				and from the
	22b. SIGNATURE	oa.	Cenju	20.	DEGI	111131		MED. DIRECTOR	STAFF PHYS.	22c. DATE S	IGNED 6	8
	22d. PHYSICIAN'S NAME (Type)	77				22e. ADD					3 6 7	
	Remetispe) Re			Tajera,) E. J		treet,	EIKt	on,	Md.
23a.	. BURIAL, CREMATION,	23b. DA		23c. NAME OF			F-3/1		ON (City or Town)	,	unty)	(Stote)
	Burial (Specify)	11/1	3/68			1 Met			, Cher	ry H:	111,	Md.
24.	FUNDRAL DIRECTOR	6.	Deil	ADDRESS		27.2		BY REGISTRAR	25b. REGISTS	CAR'S SIGNA	TURE	Taken.
	Hicks/Hom	e fc	r Fune	fals, El	kton.	Md.	DATE JA	INT	1968	- Lord	1	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the death certificote be executed within 24 hours after deot<u>h</u> **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the fund director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages To should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

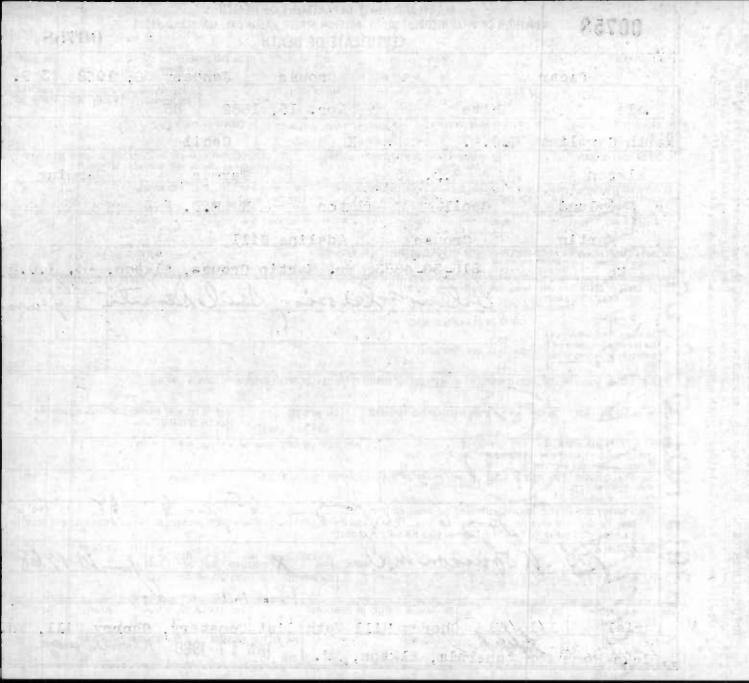
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			CEKTIFICA	THE OF DEATE			001	00
. DECEASED-NAM		Middle	1190-11	Last	20. DATE OF	DEATH		2b. HOUR
(Type or print	Oscar			Crouse	Jan	uary 6,	1968	3 P.
3. SEX		4. RACE	S	. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		White		Apr. 15.	1882	last birthday) 85 YRS.	MONTHS DAYS	HOURS MIN.
a. BIRTHPLACE	(State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
North	Carolina	U.S.A.	WIDOWED K		Cec	il		Md
D. CITY OR TOW Elk	n of death	11. NAME OF HOSPITAL OF give street address)	R INSTITUTION (If nat #5		SUAL OCCUPATION most of working Farme	(Kind of wark dane life, even if retired.)	12b. KIND OF INDUSTRY Farm	
AT2 (anissimh		ed lived, if institution: Residence bef	The second second	own 13d. INSIDE CIT	NO R 2	PREET AND NUMBER		
4. FATHER'S NAI	ME First	Middle Las	st 1S.	MOTHER'S MAIDEN NAM	E First	Middle		Last
	Martin	Crouse		Adaline H	Hill			
6a. WAS DECEA	SED EVER IN U.S. ARN known) (If yes give w	MED FORCES? 16b. SOCIAL SECUR	ITY NO. 17. INI	ORMANT		Address		11000
	(ii yes give w	215-50-	4883 M	r. Martin	n Crous	e. Elkto		R.D. 5
rise to imr stating the last.	, if any, which gave) nediate cause (a), underlying cause	(b) DUE TO, OR AS A CONSEQUENCE (c)	OF					
PART 2. 01		IDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERMINAL DISEASE C	R CONDITION GIVE	N IN PART 1(a)		
6		CONDITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY? YES NO	CAUSES	YES, WERE FINDINGS C S OF DEATH?	CONSIDERED IN CE	RTIFYING
₹ □ OR CONTRI	ENT WAS UNDERLYIN BUTING CAUSE OF DEAT natify medical examin	HOUR A.M. Month Day Y	eor 19	V INJURY OCCURRED (E		ry in Part 1 or Part 2,	Item 18.)	
While at wark	Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	10		151	or Town	County	State
saw	the deceased of	is hospital) attended the dece live on e, (I) (was (did) (did not) view t	19 0 and	thot in (my) (our) o	opinion death o	accurred on the do	6 Y, that ate and haur	(I) (we) las and from the
22b. SIGNAT	CK).	Robinson, M. D.	M. SDEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF D 22c.	DATE SIGNED	1968
NAME	(Түре)	1.10		101	1 01=	020 1/2		
30. BURIAL, CRI			OF CEMETERY OR C	REMATORY Methodis		ON (City or Town)	(County)	(State)
24. FUNERAL DI	ple, Go	or Funerals.	REŠS	2Sa. REC'	AN TO	1968 REGISTRAR'S	SIGNATURE	sign.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 5 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

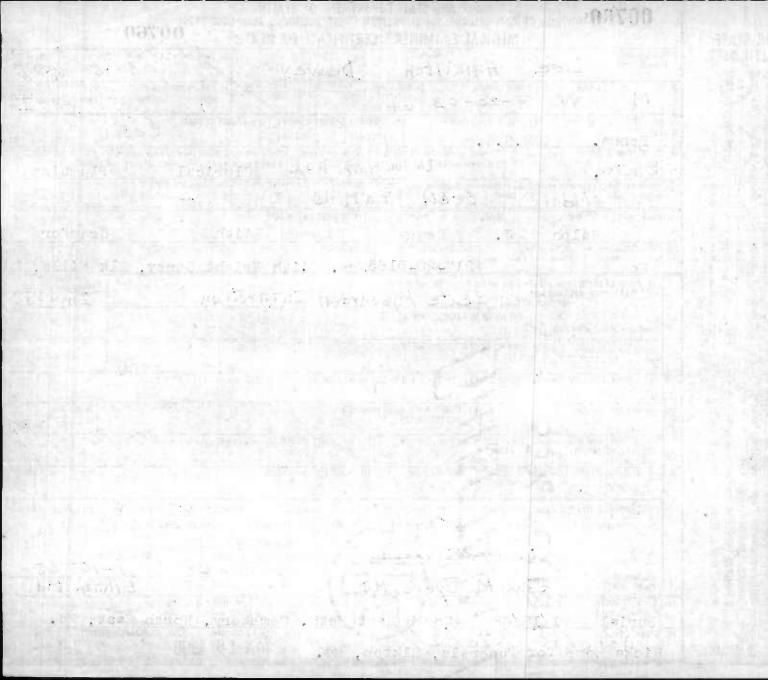
CERTIFICATE OF DEATH

00759

	DECEASED-NAME	First	Middle		Last	2a. DATE OF DEATH		2b.	
	(Type ar print)	Edwin	L		CURRY	Januar Januar		1968 2:0	
3.	SEX	4. RAC	JE		S. DATE OF BIRTH	6. AGE	(In years	IF UNDER I YEAR IF UNDER	
1	Male		White		1-13-08	last b		IGNTHS DAYS HOURS	
7a.	BIRTHPLACE (State or	foreign 7b. CITIZ	EN OF WHAT COUNTRY?	8. MARRIED		COUNTY OF DEATH			
CO	untry Philadel	phia, Pa.	USA	WIDOWED	DIVORCED _	Cecil			
10.	CITY OR TOWN OF DE	ATH Le	11. NAME OF HOSPITAL OR INS give street address) VA Hospita	1/. Per	rv Point Md.	OCCUPATION (Kind of st of working life, eve		12b. KIND OF BUSINES INDUSTRY	
130	. USUAL RESIDENCE (W	Vhere deceased lived.	if institution: Residence before	13c. CITY OR	TOWN 13d. INSIDE CITY LIM		NUMBER		
	mission) MAT yla	and 130. C	COUNTY Baltimore		more, MdYES X NO		Sexton	Street	
14	FATHER'S NAME	First	Middle Lost	15	S. MOTHER'S MAIDEN NAME Fir	st	Middle	Lost	
L		esse	Cur			die		Rea	
16		R IN U.S. ARMED FORCE		NO. 17. I	NFORMANT		Address		
L	Yes, na, or unknown) Yes	PTE	215 05 03	80	VA Hospital	Records,	Perry F	Point, Md.	
	1B. CAUSE OF DEA	TH (Enter anly one cou	use per line for (a), (b), and (c).)				APPROXIMATE INTER	
	PART I. DEATH	WAS CAUSED BY:	(0) Bronchopneu	monia	bilateral				
	1260X	NIFICANT CONDITIONS	(c)	OT RELATED TO	O THE TERMINAL DISEASE ORCO	NDITION GIVEN IN PAR	T 1(a)	1	
CERTIFICATION	190. DATE OF OPERAT	ION 19b. CONDITION	N FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b. IF YES, WE	RE FINDINGS CON	ISIDERED IN CERTIFYIN	
	or contributing [CAUSE OF OEATH HO	OUR A.M. Month Doy Year P.M. 19	,		nature af injury in Por	TH? Yes	m 18.)	
MEDICAL CERT	GIF either, notify me 2 Id. INJURY OCCUR While Not while at wark at wark	CAUSE OF OEATH HO edical examiner) RED 21e. PLACE OF	DUR A.M. Month Doy Yeor P.M. 19 INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	OTORY.) 21f. LC	OW INJURY OCCURRED (Enter	nature af injury in Por City or Town	t 1 or Port 2, Ite	County	
	In or contributing the contribution of the con	CAUSE OF OEATH edical examiner) RED 21e. PLACE OF	OUR A.M. Month Doy Year P.M. 19	otory.) 21f. Lo	OW INJURY OCCURRED (Enter DICATION Street or R.F.D. No. 4-17, 195 d that in (my) XO(03) opin	nature af injury in Por City or Town	t 1 or Port 2, Ite	County	
	I cortify the state of the stat	CAUSE OF OEATH edical examiner) RED 21e. PLACE OF	DUR A.M. Month Doy Yeor P.M. 19 INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. tal) attended the deceose	otory.) 21f. Lo	OW INJURY OCCURRED (Enter DESCRIPTION Street or R.F.D. No. 14-17 , 19-5 d that in (my) (OCC) opin death. REE PHYS. DI	nature af injury in Por City or Town	1 or Port 2, Ite	County	
	OR CONTRIBUTING CITY CIT	Ause of oeath edical examiner) RED 21e. PLACE OF the control of t	INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. tol) attended the deceose ***********************************	ed from	OW INJURY OCCURRED (Enter DICATION Street or R.F.D. No. 11-17 , 19-5 d that in (my) (OCC) opin deoth. REE ATTENDING ME PHYS. DII 22e. ADDRESS VA Hospi	City or Town Ci	1 or Port 2, He 1 , 19 d on the dote 22c. DA 1- Point, M	County 68, **Mak(t)*(x) e and hour and fro NTE SIGNED 2-68	
MEDICAL	GIT either, notify me 21d. INJURY OCCUR While Not while of work of work 22d. I certify the COUSES STO 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	AUSE OF OEATH edical examiner) RED 21e. PLACE OF the third the third the third the third said the sai	INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. tal) attended the deceose ****************** (did) (did not) view the label of the deceose *** 23c. NAME OF	ed from	OW INJURY OCCURRED (Enter DCATION Street or R.F.D. Na. 19_5 d that in (my) (OCC) opin deoth. REE ATTENDING MEPHYS. DII 22e. ADDRESS VA Hospi	City or Town Ci	on the dote 22c. DA Point, Ma or Town)	County 68, **Mak(t)*(x) e and hour and fro NTE SIGNED 2-68	
23 23	I certify the same course star 22d. PHYSICIAN'S NAME (Type)	Ause of oeath edical examiner) RED 21e. PLACE OF the third the third has pinked above, (1) the decimal of the control of the	INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. tal) attended the deceose ****************** (did) (did not) view the label of the deceose *** 23c. NAME OF	ed from	OW INJURY OCCURRED (Enter DICATION Street or R.F.D. No. 11-17 , 19-5 d that in (my) (OCC) opin deoth. REE ATTENDING ME PHYS. DII 22e. ADDRESS VA Hospi	City or Town Ci	on the dote 22c. DA Point, Ma or Town)	County 68, **that: (1) (b) (c) and hour and from the signed 2-68 d. (County) (Statement)	

ithin 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and compressly filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pageshould be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs. mprenelly TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00761

				EKIITIC	AIE UF	DEALL			007	OI
1. DECEASED-NAME	First		Middle		Lost		2a. DATE			2b. HOUR
(Type or print)	Kenn	eth	R.	DI	INSMORE			January 26	1968	4:10
3. SEX		4. RACE		AUT	S. DATE OF BI			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		Whit	e		7-2	26-17		lost birthdoy) YRS.	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (State or country) Maryland		O. CITIZEN OF WH	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MAR	RIED [9. COUNTY (DE DEATH Cecil		M
10. CITY OR TOWN OF DE Perry Poi	ATH nt Where deceased	11. No give :	AME OF HOSPITAL OR INS street address) VA Hospi ion: Residence befare	ital		during n Ret 13d. INSIDE CITY	nost of working ired M	ON (Kind of work done ng life, even if retired.) [B.il. Clerk STREET AND NUMBER	INDUSTRY	BUSINESS OR
admission) STATE Mary	land	13b. COUNTY Ceci	1 F	erryvi	llle	YES X	10 🗆	Franklin S	t.	
14. FATHER'S NAME	First hur	Middle Dinsmor	Lost	15.	MOTHER'S MA	alden name	First	Middle		Lost
160 WAS DECEASED EVER	IN IIS ARMED	FORCES?	16b. SOCIAL SECURITY N	VO. 17. II	NFORMANT	1000		Address		
Yes, na, ar unknawn) NON	TETERA N	r dates of service)	215-14-5	56-81	VA Hos	pital	Record	is - Perry	Point,	Md.
PART 1. DEATH Conditions, if any, rise to immediate stating the underlyast.	WAS CAUSED B IMMEDIATE which gove couse (o),	CAUSE (o) DUE TO, OR /	ne for (o), (b), and (c). Rheumatic AS A CONSEQUENCE OF AS A CONSEQUENCE OF		; Disea	se			BETWEEN O	ONSET AND DEATH
416 V	NIFICANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE OR	CONDITION GI	VEN IN PART 1(o)		
190. DATE OF OPERA	TION 19b. CO	NDITION FOR WH	IICH OPERATION WAS PER	RFORMED	20o. AUTO	PSY?	CALIC	IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN C	ERTIFYING
210. ACCIDENT WA	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year					jury in Part 1 ar Part 2,	Item 1B.)	
While Not while	e		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					ty or Town	County	State
sowerthere	ecessed ativ	BUT TYYYY	ended the decease (did not) view the l	8x, and	that in (m	x8 , 19_ y) (aur) ap	, to oinian death	1–26–68, 19 n accurred an the d	ate and hour	and from the
22b. SIGNATURE	Park	€. 20	eku. m	DEGR	11110.		MED. DIRECTOR	CTACC	DATE SIGNED 1 26 68	
22d. PHYSICIAN'S NAME (Type)	Ĕ. E.	FOLK	III, M.D.		22e. ADD	VA VA	/	al - Perry	Point,	Md.
230. BURIAL, CREMATION REMOVAL (Specify)	23b. DA	1-29-1	23c. NAME OF C	CEMETERY OR	CREMATORY	meken	1/20	HON (City or Town)	(County)	(Store)
24. FUNERAL DIRECTOR PATTERSO	N FUNER	AL HOME	ADORESS - Perryvi	llle. M	ld.	DATE FE	BY REGISTRAR B 5		S SIGNATURE	المرادات ا

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the Portral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Trand should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours at Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00762

	00.00			ERTIFIC	ATE OF DEATH		•	0070	52
	ECEASED-NAME First	12.5	Middle	The same	Lost	2o. DATE	OF DEATH		2b. HOUR
(1	(ype or print) JAM	ES		Di	JBLIN		Month 1 Do	Y22 Yeor 68	9:35N
3. SE	X	4. RACE			S. DATE OF BIRTH		6. AGE (In years		UNDER 24 HRS.
	Male		Negro	7.7	8-1-26		last birthdoy)	MONTHS DAYS F	HOURS MIN.
70. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED I	NEVER MARRIED	9. COUNTY	OF DEATH		
conn	orth Carolina	J	J.S.A.	WIDOWED		1000	Cecil		Mo
10. C	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INS	TITUTION (If no	ot in hospitol 120. USI	UAL OCCUPATI	ION (Kind of work done	12b. KIND OF BU	
-	erry Point	1.5	veterans Ad	minis	tration T		ing life, even if retired.) Driver		
odmi	USUAL RESIDENCE (Where deceose ission) STATE Virginia	13b. COU	nstitution: Residence before	Arling	Vrc 🗀		STREET AND NUMBER O33 Lincoln	Street	
14. F	FATHER'S NAME First	Mid	dle Lost	15	MOTHER'S MAIDEN NAME		Middle		Lost
	Gifford	3	Dublin		A	udrey		Will:	iams
160.	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY N	10. 17. 11	NFORMANT		Address		
Υ	(es_no, or unknown) (If yes give wo	or dates of servi	245-40-35	43 VA	Hospital R	ecords	s, Perry Po	oint, Md.	
	18. CAUSE OF DEATH (Enter only	v one couse						APPROXIMAT BETWEEN ONSE	
			Bronchopn		a hilater	al		BEIWEEN ORSE	I AND DEATH
	31159 IMMEDIA			e amoni	a, bilater	al			
	Conditions, if ony, which gove		OR AS A CONSEQUENCE OF		montuin on	n+		+	
	rise to immediate couse (a),	(b)		ns or	gastric co	ntents	seizure		
	stoting the underlying couse		OR AS A CONSEQUENCE OF						
	lost.	(c)			yndrome w/			id year	5
	PART 2. OTHER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT NO) RELATED TO	THE TERMINAL DISEASE OF	RCONDITION G	IVEN IN PART 1(o)		
NO	309 X								
SAT	196. DATE OF OPERATION 196. CONDITION FOR 1		OR WHICH OPERATION WAS PER	REFORMED	CAUSES OF DEATING			S CONSIDERED IN CERTIFYING	
RTIFI					YES 🔀 NO		JEJ OF DEATH:	yes	
	210. ACCIDENT WAS UNDERLYING		ME OF INJURY	21c. HO	W INJURY OCCURRED (Ent	ter noture of i	injury in Port 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF CEATH		A.M. Month Doy Yeor P.M. 19						
			URY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Street or R.F.D. N	lo. (City or Town	County	Stote
	22a. I certify that XIX (this	r hospital)	attended the decore	d from	lan. 20 10	67 to	Jan. 22 10	68 sharret	ir than to be a
	saw sheuterensed and	s nospiiai)	onended me deceose	Serve and	that in (my) (aur) a	pinion deat	th occurred on the do	ote and hour an	d from the
	causes stated abave	(I) (we) (did) (did nat) view the l	ody ofter d	leath.	pinion acoi	ii occorred on me de	ore one moor an	a nom m
	22b. SIGNATURE			M.I	0.			DATE SIGNED	
	(X.L	Mr.	70 N Q11	DEOR	ATTENDING PHYS.	MED. DIRECTOR	STAFF DHYS.	-23-68	
	22d. PHYSICIAN'S	- 1	1		22e. ADDRESS			110-11-11	100
	NAME (Type) A . I	. MOC	NEY, M.D.	1118	VA Hosp	ital,	Perry Poir	nt, Md.	
230.	BURIAL, CREMATION, 23b. D	ATE /	23c. NAME OF (CEMETERY OR	CREMATORY	23d. LOCA	ATION (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	26/			NATIONAL CE				'
24.	FUNERAL DIRECTOR Jame	2 (20	Chin ADDRESS			BY REGISTRA	R 2Sb. REGISTRAR	SIGNATURE_	
	hinn Funeral H	lome.	Choose		1.4	N 26		enles Jud	ge.
~ 1	MARKET A WHICH OLD II	- C 1111 C		0		- N		// (

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tenferal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur§

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			CE	RTIFICA	ATE OF	DEATH			()	0.769	3
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3. SEX Male		4. RACE White			1/2	8/68		6. AGE (In ye last birthda	ears IF	ONTHS DAYS	HOURS MIN.
10. CITY OR TOW	yland	7b. CITIZEN OF WHAT U.S. 11. NAM give stre		MARRIED WIDOWED TUTION (If no	DIVO	DRCED 120 USUA	9. COUNTY OF Ceci L OCCUPATION ast of warking	(Kind af war		12b. KIND OF I	Md. BUSINESS OR
	ENCE (Where decease	d lived, if institution		3c. CITY OR Elkt	TOWN	13d. INSIDE CITY LIA		REET AND NUM	NBER		
14. FATHER'S NA		Middle	Last			MAIDEN NAME FI	irst	M	iddle	201.11	Last
16a. WAS DECEA Yes, na, aryan	Donal (SED EVER IN U.S. ARME knawn) (If yes give wor		Goodchil 66. SOCIAL SECURITY NO None	. 17. IN	Paul: FORMANT Dona	ld Goo	dchild		dress	Md .RI	lhower)#4
rise to impost the lost. PART 2. 0		(c)	A CONSEQUENCE OF IG TO DEATH BUT NOT IS SYNDOM H OPERATION WAS PERF	ne	THE TERMIN		20b. IF	N IN PART 1(a) YES, WERE FIN		SIDERED IN CE	RTIFYING
F OR CONTR	ENT WAS UNDERLYING BUTING CAUSE OF DEATH natify medical examine	HOUR A.M.	NJURY Manth Day Year	21c. HO	YES WINJURY OF	NO CCURRED (Enter			Part 2, Iter	m 18.)	
While	Y OCCURRED 21e. F	PLACE OF INJURY (A	T HOME, FARM, STREET, FACTO FFICE BUILDING, ETC.	RY.) 21f. LO	ATION Stre	et ar R.F.D. Na.	City	ar Tawn		Caunty	State
saw	ertify that (I) (this the deceased ali ses stated abave,	ve an Va	Jan 19	Q D, and	that in (r	ny) (aur) apii	nian death (accurred an	, 19_6 the date	and hour	(I) (we) last and from the
	Wellow Humber Degree PHYS. DIRECTOR DIRECTOR PHYS.						22c. DA1	15 SIGNED /31/68			
22d. PHYSI NAME	/m \	ce Obensh	ain, M.D.		22e. AD		lton, 1	Marylar	nd	1.50	
23a. BURJAL, CR REMOMAN	EMATION, 23b. D.	ATE 31/68	23c. NAME OF CE				Che		111 0		(State) Maryla
24. FUNERAL DI	RECTOR	o Rece	ADDRESS S	da	e stan a	DATE FEB	Y REGISTRAR 2 19		SISTRAR'S SIG	GNATURE Suc	ue.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs but Page 4 may be retained by the haspital ar attending physician.

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VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFI

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	1				CEICIII	CAIL OI	PEAIII					170	1 1	X
1. DECEASED-NAME	First			Middle			win	- 2a.	DATE OF		D	V	2b.	HOUR
(Type or print)	Melvi	in		E. (loodch:	ild	H-1121		1-	Month 28-	Day	Yeor 8	2:	:18 ^{PM}
. SEX		4. RACE				S. DATE OF E	IRTH	2		6. AGE (In years last birthday)		UNDER 1 YEAR NTHS DAYS	IE UNDER	R 24 HRS.
Male		W	hite	855		1/28	/68				RS.	MIN3 OATS	6	37
o. BIRTHPLACE (State or far	eign 7	b. CITIZEN OF	WHAT CO	OUNTRY?	8. MARRIE	D NEVER MA	RRIED	9. COU	INTY OF	DEATH				
Maryland		U.S.			WIDOWE		RCED 🗌	1	Ceci				1/3	Md
O. CITY OR TOWN OF DEATH			 NAME Of ive street of 		INSTITUTION (I	f nat in haspital				(Kind of work dor ife, even if retired		12b. KIND OI INDUSTRY	BUSINES	S OR
Elkton		, and a		Union	Hosp	of Ceci	L Co.				.,	THE OSTRI		
3a. USUAL RESIDENCE (When	nd nd	l lived, if inst		esidence befor	Elkt		13d. INSIDE CITY YES N	NO X	RD	##				
4. FATHER'S NAME Firs	t	Middl	e	Last		IS. MOTHER'S A	AIDEN NAME	First		Middle			Lost	
Donal	d	Edw	ard	Goodel	nild	4000	Pau	line				Phil	howe	er
16a. WAS DECEASED EVER IN	U.S. ARME		16b.	SOCIAL SECURIT		7. INFORMANT		0.00		Address		1110		THE
Yes, na, or unknawn)	in yes give war	or oures or service				Donalo	Good	cni	. Ta .	Elkton,	Ma.		IMATE INTER	
Canditions, if any, whi rise to immediate can stating the underlying last. PART 2. OTHER SIGNIFI Respira 190. DATE OF OPERATION 21a. ACCIDENT WAS U	ch gove use (a), couse (CANT COND	CAUSE (a) DUE TO, (b) DUE TO, (c) ITIONS CONTR Distr	OR AS A CORRIBUTING TO	ONSEQUENCE OF CONSEQUENCE OF CONSEQU	OF NOT RELATED THE PERFORMED	20a. AUT	AL DISEASE OR OPSY? NO [20b. IF CAUSES	I IN PART 1(a) YES, WERE FINDING OF DEATH? y in Port 1 or Port			CERTIFYIN	√ G
S OR CONTRIBUTING CA	USE OF OEATH	HOUR A		nth Day Ye	ar	HOW INJUNT OF	CORRED (EIII	iei italoie	e or inqui	y III. POIT T OI POIT	2, 11011	1 10.)		
While Not while at wark	21e. P	LACE OF INJUI	RY (AT HO	ME, FARM, STREET, BUILDING, ETC.	734 7	LOCATION Stre				or Town		County		State
causes state	ased ali	ve an	100	100	_19_6_00	and that in (r	, 19_ ny) (aur) ap	<i>lo⊈,</i> pinian o	tadeath a	ccurred an the	date	and haur	t (I) (w and fro	ve) last am the
22b. SIGNATURE	22b. SIGNATURE DEGREE PHYS. ATTENDING MED. STAFF 22c. D DIRECTOR PHYS. 21.						2c. DAT 1/3.	i/68						
22d. PHYSICIAN'S NAME (Type)	alla	e Obe	nsha:	in, M.	D.	22e. AD	DRESS ecilto	n, M	laryl	and				
23a. BURIAL, CREMATION, HINODAL (Specify)	23b. DA	NTE 31/68				or crematory 11 Cer		Cr	nerr	y Hill	,	County)	(State	,
24 FUNERAL DIRECTOR		no		ADDRE	SS	^	2So. REC'D		STRAR	2Sb. REGISTRA		NATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 per should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after regard. Page 4 may be retained by the hospitol or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME Middle First 20. DATE KNOWN Year 2b. HOUR (Type or Print) OF ESTI-Page and 3 ta 6 MOU ODU DEATH MATED ny delay 4. RACE 6. AGE (In years 3 SEX DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. Year 19 68 Departm MARRIED, NEVER MARRIED 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH form E01/ WIDOWED DIVORCED [in pencil in Item 18. Give Pages pages 1 and 2 with the State 24 haurs after death Office alang with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 6 death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE ZHILES OUT after (14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Last Middle EIKEL COODA haurs Examiner's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO be executed within (Yes, no, or unknown) (If yes give war or dates of service) File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for_(o), (b), and (c).) permit. BETWEEN ONSET AND DEATH Medical PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate couse (o), any This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 0 OS remaval, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO DO please execute the certificate, YES T pe shauld be 10 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2-tem 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M SICAL EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State actory, office/building, etc.) yaur FUNERAL DIRECTOR: Page Page 00 burial, for 220. I certify that I taak charge af the remains described obove, held an Autopsy ... Inspection Inquiry and in my apinian the funeral director. retained deoth resulted fram: Natural causes Accident Suicide Homicide Undetermined manner 0 CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE pe O DEPUT May Health **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) 0 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00766 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) 5 EDWIN O. JOLLY. 3:55PA 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) 3-5-04 Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED cownaryland U. S. A. WIDOWED [DIVORCED | Cecil 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
VA Hospital during mast of warking life, even if retired.)
Floor Sander INDUSTRY Perry Point 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before/ 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER 13b. COUNTY Caroline YES X NO 510 E. Gay Denton 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle last Last JAMES JOLLY MILLIE ANNE ENDLEY 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, novermoknawn) (If yes give wer or dates of service) 217 07 10 40 VA Records VAH, Perry Point, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Peritonitis, acute, purulent DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) perforated gastric ulcer 2 days rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) ottended the deceased fram.... 19 , that (1) (we) last _ . to and that in (my) (aur) apinion death occurred on the date and hour and fram the saw the deceased alive an___ causes stoted obove, (1) (we) (did) (did not) view the body after death. 22c. DATE SUSNED 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN NAME (Type) VAH, PERRY POINT, MARYIAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE

death. requires that the death certificate be executed within 24 haurs after death pup physician and campletely filled in by the funeral Sedod withir carban remove and in any burial-transit the has been O FUNERAL DIRECTOR: After this certificate lirector, page 3 hould be filed v

VR A14(4) 30M REV. 1/68

24. FUNERAL DIRECTOR

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Marykand 2Sb. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR Milantes

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				ERTIFIC	ATE OF DEATH			., .	
	CEASED-NAME First YPE or print) GEOF	RGE	Middle C.		Lost KAHMAR	2a. D		17 Yeor	2b. Hour 682:15p
3. SE	Male	4. RACE Wh	ite		S. DATE OF BIRTH 11-7-93		6. AGE (In years lost birthdoy) 74 YRS.	IF UNDER 1 YEAR MONTHS DA	
coun		U.S.A.	ME OF HOSPITAL OR INS	WIDOWED	at in haspital 12a. US	UAL OCCU	Cecil PATION (Kind of work done		Mc OF BUSINESS OR
130.	Perry Point USUAL RESIDENCE (Where deceased ssion) STATE Penna.			13c. CITY OR	TOWN 13d. INSIDE CITY		rotking life, even if retired.) *** 13e. STREET AND NUMBER	INDUSTRY	
14. F	ATHER'S NAME First	Middle	Lost		S. MOTHER'S MAIDEN NAME		Middle	X 16 24	lost
16o.	Unknown WAS DECEASED EVER IN U.S. ARME es, no, or unknown) ("f yes give wor Yes WW	D FORCES? or dates of service)	166. SOCIAL SECURITY N		Unknow NFORMANT A Hospital		Address Perry F	oint,	Md.
	1B. CAUSE OF DEATH (Enter anly PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	BY: E CAUSE (a) DUE TO, OR AS	Bronchopn A CONSEQUENCE OF	eumon	ia syndrome as		arterioscler w cerebral		EN ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT COND 3 3 4 × 190. DATE OF OPERATION 196. CO		ING TO DEATH BUT NO		20a. AUTOPSY? YES NO [ON GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED II	N CERTIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (If either, natify medical examine 2)d. INJURY OCCURRED 21e. P	r) HOUR A.M. P.M.	Month Doy Year				of injury in Part 1 or Port 2,	Item IB.)	Stote
	21d. INJURY OCCURRED While Not while at work 12a. I certify that \$\frac{1}{2}\$) (this hospital) attended the deceased from Aug. 20 , 19 30 , to Jan. 17 , 19 68 *** Note that the causes stated above (I) (we) (did) (did not) view the bady after death.								
	22b. SIGNATURE 22d. PHYSICIAN'S	Plf.	EN, M.D.	DEGI	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR	STAFF 22c.	DATE SIGNED 1-18-	
1/	BURIAL, CREMATION 23b. D. REMOVAL (Specific Pure Act Director)	12/196	8 North Address	Ceda	CREMATORY 25a. REC'D	23d BY REGIS	LOCATION (City op Town) LOCATION (City op Town) STRAR (15b. REGISTRAR)	(County) Jes SIGNATURE	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72

The funeral hours ofter death.

hin 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut<u>ed</u> will Page 4 may be retained by the haspital ar attending physician.

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Divisian of STATISTICAL	RESEARCH AND RECORDS, 301	W. PRESTON STREET	r, BALTIMORE, MARYLA
00768	CERTIFICATE	OF DEATH	

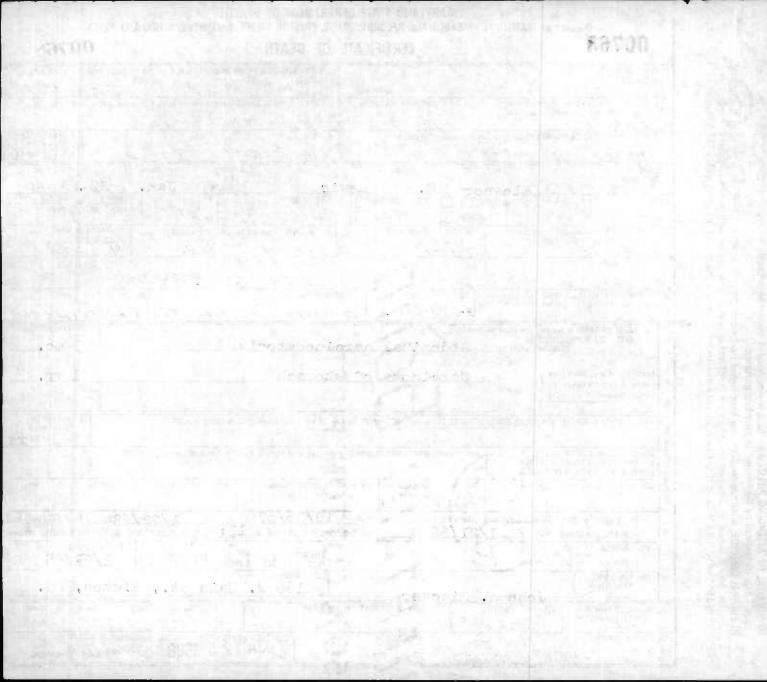
		PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceased lived, if institution: Reside	nce befare admission)		
	(a. COUNTY C'ECIL	MADWAND	a. STATE M D	b. COUNTY	ECIL		
		b. CITY OR TOWN (If autside carporate limits,	MARYLAND c. LENGTH OF STAY IN 16		le carparate limits, write RURAL and gi	<i>'</i>		
		write RURAL and give nearest tawn)				ve nearest tawn)		
-1		ELRICH	10 DAY5	ELKTO	M			
	(d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
		UNION HOSPITAL		104 ELRT	ON BLUD	YES NO		
		NAME OF First	Middle	Last 4	. DATE Manth	Day Year		
/	(OFCEASED (Type or print) Eleanor	C. Lew	vis	OF DEATH Jan.	BB 23 1968		
	S. S	SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In years IF UNDER	R 1 YEAR IF UNDER 24 HRS.		
		F W WIDOWED		5-30-01	last birthday) Manths	Days Haurs Min.		
			CIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & S	tate, ar fareign country) 12. C	ITIZEN OF WHAT		
	1		OME	ELATON	MD. 9	S.A.		
1		FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME .	A Maria Maria		
	w	ILLIAM D. CAWLE	4	EDITH (G. DUNBAR Address			
1	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address			
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates af service)	6-01-80230 11	III. LIAM H	LEWIS TR. EAR.	IF WILLE MAD		
	-			Tarring It.	ALWIS, JA. FAM.	INTERVAL BETWEEN		
		18. CAUSE OF DEATH (Enter anly one cause per line for PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH		
	Immediate (ause (a) Abdominal carcinomatosis 3							
		15 / 7 DUE TO				110000		
		(anditions, if any, which gave) (b) Carcinoma of stomach						
		rise ta immediate cause (a), (pur to						
1	-1	stating the underlying cause (c)						
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE CONDIT	TION CIVEN IN PART 1(a)	19. WAS AUTOPSY		
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT KEENED TO	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART I(U)	PERFORMED?		
4	3	13 / X				YES NO		
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	t I ar Part II af item 18.)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	MINIDA OCCUPATA	CE OF INHIBY (II)	I not (6):	(6)		
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a.m. While		CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar tawn) (Co	aunty) (State)		
	Σ	p.m. 19 at war		,	73			
		21. I certify that (I) (this haspital) atten	ided the deceased fram_	10/26/6719	ta 1/22/689	, that (I) (we) las		
-		saw the deceased alive an 1/22	168 19, and that	it death occurred at 1	2: M. from causes and an	the date stated above		
		saw the deceased alive an 1/21/68 19 , and that death occurred at 12; M, from causes and an the saw the deceased alive an 1/21/68 19 , and that death occurred at 12; M, from causes and an the saw the deceased alive an 1/21/68 19, and that death occurred at 12; M, from causes and an the saw the deceased alive an 1/21/68 19, and that death occurred at 12; M, from causes and an the saw that the saw t						
		John Ou	scher M.	D. PHYS. ME	RECTOR PHYS.	1/23/68		
,		22c. PHYSICIAN'S		22d. ADDRESS				
		NAME (Type)	4 1	166 W.	Main St., Elkt	con, Md.		
->	22-	BURIAL CREMATION, 23b. DATE THEREOF	1 23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(Caunty) (State)		
	230	DEMOVAL (Speciful)		CKEMATURI				
	15	WRIAL 11-LEJEBY	ELATON			ECIL MP.		
3		FUNERAL DIRECTOR Is theet force	ADDRESS ADDRESS	2Sa. REC'D B'	Y REGISTRAR 2Sb. REGISTRAR'S			
1	10	PRINT ENVERDE WINE	1 1211	AAA DINE JAC	25 1988 VCUa	year Versie		

1 and 2 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Sage shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs at TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

ter death.

VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

0.0769 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Bernardina Month M. Loovmans January 3. SEX S. DATE OF BIRTH IE LINDER I YEAR 4. RACE 6. AGE (In years MONTHS November 21, 1916 White Female YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Cecil DIVORCED | WIDOWED -U. S. A. Maryland 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) V.A. Hospital during most of working life, even if retired.) INDUSTRY Perry Point Disbursing Officer Unknown 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Fairfax YES NO 16 Providence Terrace McLean 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost Vitek Francis J. Looymans Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) VA Hospital Records, Perry Point, Maryland 215-03-8025 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Degeration of brain, left frontal lobe IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Calcified hematoma rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Ruptured cerebral aneurysm, left stoting the underlying couse 43 yrs ago () anterior cerebral artery old (1963) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 330 X 20o, AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES KX NO | 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town While Not while of work 220. I certify that (1) Objectors pitch attended the deceased from December 16, 19 64, to Jan. 5 KOUKes stoted abave, (1) [WE) (did) (JUKOON) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 1-5-68 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type) A. L. MOONEY, M.D. NAME OF CEMETERY OR CREMATORY 23d POCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE a(County) REMOVAL (Specify) AN. 9 ALTIMORE WARYY EDEEMER EMETERY 25b. REGISTRAR'S SIGNATURE 2So. RÉC'D BY REGISTRAR URRAN

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requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and pup signed by the burial-transit p O FUNERAL DIRECTOR: After this certificate has been the by the haspital ar detached be retained

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	1242				CONTRACTOR OF THE STATE OF THE

MADVIAND CTATE DEDADTMENT OF HEALTH

MAKILAND STATE DEPARTMENT	OF HEALIN
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201

				ERTIFICA	ALF OF	DEATH				0.0'7	חליי
	ECEASED-NAME Type or print)	First WILLIAM	Middle C •	М	Lost CKINL		2o. DATE OF		Doy ;	24 Yeor68	2b. HOUR
3. SE	Male	4. RACE	White		7-19			6. AGE (In years last birthday)	MC	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
coun	BIRTHPLACE (Stote or foreign htry) Maryland	USA		8. MARRIED WIDOWED	DIVO	RCED	COUNTY OF	Cecil			М
Pe	CITY OR TOWN OF DEATH PROPERTY POINT USUAL RESIDENCE (Where consistion) STATE Maryl	giv V deceosed lived, if instit	NAME OF HOSPITAL OR INS ve street oddress) eterans Ad tution: Residence before	minist	ratio TOWN	during most	of working l e 5? 13e. STR	(Kind of work don life, even if retired REET AND NUMBER McKewin	1.)	12b. KIND OF B INDUSTRY	USINESS OR
14. F	FATHER'S NAME First WILL	Middle I AM	McKINLE	Y		AIDEN NAME First	IZABE'	Middle T H		K	Lost ELLY
Y	. WAS DECEASED EVER IN U. (es, no, or unknown) (If you YES	S. ARMED FORCES? es give wor or dotes of service) WW I	16b. SOCIAL SECURITY N 213-28-5		FORMANT Hosp	ital Re	cords	Address Perry		int, M	Id.
NOI	Conditions, if ony, which rise to immediate couse stating the underlying colost. PART 2. OTHER SIGNIFICAN	gove (b) DUE TO, OI (c) NT CONDITIONS CONTRI		200					S CON	SIDENCE IN CE	DIFFUNC
CERTIFICATION	19o. DATE OF OPERATION 21o. ACCIDENT WAS UNDI		WHICH OPERATION WAS PEI		YES WINDLEY OF	NO 🔀	CAUSES	YES, WERE FINDING OF DEATH? y in Port 1 or Port			CHEYING
MEDICAL	OR CONTRIBUTING CAUSE (If either, notify medical of the control of	OF DEATH exominer) 21e. PLACE OF INJUR IX (this haspital) a	M. Month Doy Yeor M. 19 Y (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	otory.) 21f. Loc ed fram Ma 9××××and	ATION Stre	et or R.F.D. No.	City	or Town	196	County	Stote Stote K We M The man the store of
	22b. SIGNATURE	h. Rothfel	Reld	DEGRE	ATTENDI PHYS.	☐ DIRE	CTOR L	STAFF PHYS.		TE SIGNED -25-68	}
23o.	BURIAL, <u>CREMATION</u> , REMOVAL (Specify)	23b. DATE Jan. 29.1	23c. NAME OF		CREMATORY	Compton	23d. LOCATIO	N (City or Town) Baltimore	e,		(Stote)
24. S	FUNERAL DIRECTOR Eug		ADDRESS			250 PEC'D RV I		1968 REGISTRA			7

York Rd., Balto., Module

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely fitted in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Poshould be filed with the State Dept. af Health prior to buriol, cremotion, or removal, and in any event, within 72 hours. VR A15 (4) 30M REV. 1/68

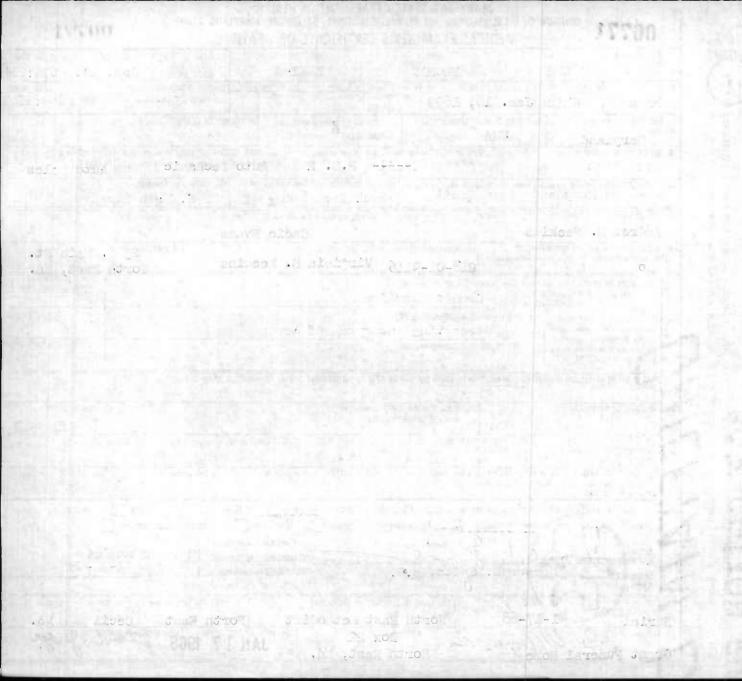
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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17044	- Contract of the Contract of	MEDICA	AL EXAM	IINFK 2	CEKIIFI	CALL	UF DE	AIH				
1. DECEASED-NAME	First		Midd	le		Last			20. DATE KNDW	N[X] Month	Day Year	2b. HOUR
(Type or Print)	RUDOLPH		THOM	AS		MEEK:	INS		DF ESTI- DEATH MATE	Jan	n. 14, 19	684:35
3. SEX	4. RACE	5. DATE OF BIRT	TH .	6. AGE (In year		ER I YEAR	IF UNDER 2		2c. DATE PRDND	JNCED DEAD		2d. HDU
Male	White	Jan. 18	, 1899	last birthday) 68 y		DAYS	HOURS	MIN.	Month Ja	n. Day	14, Year 168	4:35
7a. BIRTHPLACE (Stat	e ar fareign 7b	. CITIZEN OF WHA	T COUNTRY?	8. A	MARRIED [NEVER MAR	RIED 🗍	9. COU	NTY OF DEATH			
country) Maryl	and	USA		W	IDOWED 🗍	DIVO	RCED [Cecil			A
10. CITY DR IDWN 0 North Ea			ME DF HDSPITA reet oddress)	Ceeil-					We'ch in 1		VOTZILICIAL	ales
13a. USUAL RESIDEN							. INSIDE CITY L		13e. STREET AND			
admission) STATE	Maryland	13b. CDUNIY	Cecil	Nor	th Ea	st	YES X N	0 🗆	25 S. I	Main St	treet	
4. FATHER'S NAME	First	Middle		Lost	IS. MOT	HER'S MAIE	EN NAME	First		Middle	l	ost
Andrew	W. Meekir	ıs			3 575	Sa	die 1	Evan	S			
(Yes, no, or unknow		RCES? ar or dates of service)	16b. SDCIAL SEC	URITY ND.	17. INFORM		200		A	DDRESS 23	S. Main	St.
No	(if yes give wo	Ir or octos of service)	218-01-	9116	Virgi	nia E	B. Mee	ekin	S		th East.	
18. CAUSE OF	DEATH (Enter anly	one cause per lin	e for (o), (b), o	and (c).)							APPROXIM	ATE INTERVAL SET AND DEATH
PART I. I	DEATH WAS CAUSED	BY: E CAUSE (a) H	emoperi	icardiu	ım							
44	1.0	DUE TD, DR	AS A CDNSEQUE								4	2100
	iny, which gave	(b) Di	ssectir	ng Aneu	ırysm	of A	rota			100		
	iderlying cause	DUE TO, OR	AS A CONSEQUE	NCE DF							3.76	41.03
lost.)	(c)	2.2									
PART 2. DTHER	SIGNIFICANT CONDIT	IDNS CONTRIBUTION	IG TO DEATH B	UT NOT RELATE	D TO THE TE	RMINAL DI	SEASE OR C	ONDITION	GIVEN IN PART	l(a)		
3 45/1	X											
19a. DATE DF E	PERATION		19b. CDNDITIDN WAS PERFO		PERATION						20. AUTD	
EI .	- 500										YES &	NO 🗌
	R CONTRIBUTING		*	oy, Year 19	21c. HOW I	INJURY OCC	URRED (En	ter notur	e of injury in Par	t 1 or Port 2,	Item 18.)	
	CURRED 21e. PL	ACE OF INJURY (A	t hame, farm, s	street,	21f. LOCATI	ON Street o	r R.F.D. No.		City or Town	1	County	State
AT WORK	OT WHILE TOCK	ary, affice building	, etc.)									
	certify that I ta	ak charge of th	e remains de	escribed abo	ve. held o	n Autor	osy XI	Inst	pection ,	Inquiry [nond in	my apinio
	sylted fram:						Hamicid			ed manner		,
3		, (F MEDICAL					
ACTUAL SIGNATURE	1111500	eili	7 ~~	-			TANT MEDI		-		E SIGNED	
EXAMINER'S	Wer	mer U.	Spitz,	M.D.		71. D.	TY MEDICA				1-15-68	
NAME (Type)			0			ADD	RESS(Street,	, city, tav	vn, or county)			
23a. BURIAL, CREMA		ATE	23c. NA	ME DF CEMETE	RY DR CREM	ATDRY		23d.	LDCATION (City o	r Town)	(County)	(Stote)
REMDVAL (Spec	1,-1	L7-68	Nor	th Eas	t Met	hodis	t	No	rth East	t Ce	ecil	Md.
24. FUNERAL DIRECT	DRO 16	70	P	ADDRESSOX	22		2So. REC'D	A 51 7	ISTRAR 25	REGISTRAR	S SIGNATURE	del
Grant Ph	neral Hay	Little	N	Jorth F		Md.	DATE J	LNA	7 1968	1	-	0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00772 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN X Month (Type or Print) OF ESTI-3 to ANNA LEE MERRITT DEATH MATED 19 68 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years 2c DATE PRONOUNCED DEAD puo White June 7, Female 29 1968 January 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Bradshaw. U.S.A. W. Va. WIDOWED Cecil Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Union Hospital during most of working life, even if retired.) INDUSTRY the E1kton none none with death. 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Cecil in Item 18. Northeast Shady Beach Road YES NO X hours lond 2 ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Atwell harles Mae Muncy pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT pencil (Yes, na. ar unknawn) Shirley Damron, Elkton, Marylana File noo APPROXIMATE INTERVAL = within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) be executed permit. BETWEEN ONSET AND DEATH the Chief Medicol PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Head pending event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .L forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES XX NO execute the certificate, should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) Page 3 should PRIMARY X OR CONTRIBUTING cremation, shot self in head 3:15xxx 1/20 1968 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County City or Town foctory, office building, etc.) WHILE AT WORK AT WORK Cecil, Md. Northeast home 220. I certify that I taak charge of the remains described above, held an Autapsy XX. Inspection . Inquiry and in my apinian Accident . Suicide X death resulted from: Natural causes Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1/20/68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz, Heolth NAME (Type) ADDRESS(Street, city, tawn, or county) 0 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BREMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Elkton MARIE JAN 23

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. DECEASED-NAME	First			Middle		Lost	2	o. DATE OF	DEATH				2b. I	HOUEn
(Type or print)	ARTHU	R		S.	1	MISKELL	And the second		Month	1 Doy	26 Y	eor 68	9:	:05M
3. SEX	1000	4. RACE				S. DATE OF BIRT	Н		6. AGE (In y	eors	IF UNDER		IF UNDER	
Male			Whit	е		8-29-	.94		Jost birthd	ay) YRS.	MONTHS	DAYS	HOURS	MIN
7a. BIRTHPLACE (State or fo	oreign 7	b. CITIZEN OF	WHAT COU	NTRY?	8. MARRIED	NEVER MARRI	FD 9. C	OUNTY OF	DEATH					
Country) Loudin C., V	a.	U	SA		WIDOWED			Cec	il					Md.
10. CITY OR TOWN OF DEAT	H	11 gi	I. NAME OF H	OSPITAL OR INS	TITUTION (If	not in hospitol stration	120. USUAL O	CCUPATION of working.	(Kind of wor	rk done etired.)	12b. K	IND OF BU	JSINESS	OR
Perry Poin 130. USUAL RESIDENCE (Wh					Tisc CITY O		d. INSIDE CITY LIMITS?		REET AND NU					
odmission) STATE Maryl	and	13b. COUNT		delice belole	1	er Sprin			220 C		Les l	Road	1	
14. FATHER'S NAME FI	irst	Middle	е	Lost		IS. MOTHER'S MAIL	DEN NAME First		- 1	Middle			Lost	
T	homas	J		Miske	ell		Bert	ie				H	lig	gins
160. WAS DECEASED EVER I	N U.S. ARMEI			CIAL SECURITY 1	NO. 17.	INFORMANT		_	A	ddress				
Yes, no, or unknown)	WW	I I	578	-30-22	263 V.	A Hospit	al Rec	ords,	Perr	y Po		, Md		
Conditions, if ony, where to immediate a stating the underlying	hich gove ouse (o), ng couse	DUE TO, C (b)_ DUE TO, C (c)_	OR AS A CON Arto OR AS A CON Arto	ISEQUENCE OF eriosc ISEQUENCE OF eriosc	lerot leros	cic hear	t disea	ed	I NA RANT V					
PART 2. OTHER SIGNI	FICANT COND	ITIONS CONTR	RIBUTING TO	DEATH BUT NO	OT RELATED	TO THE TERMINAL I	DISEASE OR COND	OTTION GIVEN	I IN PART 1(c)				
190. DATE OF OPERATION 210. ACCIDENT WAS	ON 196. CC	ONDITION FOR	WHICH OPER	RATION WAS PE	RFORMED	20o. AUTOPS	Y?		YES, WERE FI OF DEATH?	NDINGS C	ONSIDERE	D IN CER	TIFYING	3
210. ACCIDENT WAS	CAUSE OF DEATH	HOUR A.	E OF INJURY .M. Month .M.	Doy Yeor		HOW INJURY OCCU	RRED (Enter not	ture of injur	y in Port 1 o	r Port 2, 1	Item 18.)			
While Not while	ED 21e. P	LACE OF INJUR				LOCATION Street			or Town	38	County			itote
22a. I certify the	censed od p	recome x x	XXXXX	CXXXXX	XXX, a	nd thot in (my)	, 19 <u>6 7</u> (our) opinio	_, ta <u>J</u> a n death o	ccurred or) 19 n the do	te ond	本版文 hour or	nd fro	m the
22b. SIGNATURE	0.1	m	zo n	oy_	DEC	ATTENDING PHYS.	DIRECT	TOR	STAFF PHYS.	1	DATE SIGN	NED		
22d. PHYSICIAN'S NAME (Type)	A. L	M001	NEY.	M.S.		22e. ADDRI	ss Hospita	al, Pe	erry l	Poin	t, M	d.		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tynefol director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deat

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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22d. PHYSICIAN'S NAME (Type) F.B. Robinson, M2D. 22e. ADDRESS Oxford, Pa. 19363 23o. BURIAL, (REMATION, REMOVAL (Specify) 1/4/68 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1/4/68 23c. ROSE Bank Cemetery Calvert Cecil, Md. 24. FUNERA DIRECTOR: ADDRESS 125o. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURES				(i) (wa) (did) (did noi) view life	bady affer	deam.			1.00	1 22c D	ATE SIGNED			
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24. FUNERAL DIRECTOR: // C 21 // ADDRESS 1250. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURES	9	23a.		TE 23c. NAME OF	CEMETERY O	R CREMATORY		23d. LOCATI	ON (City or Tow	n)	(Caunty)		(State)	
24. FUNERAL DIRECTOR: // ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURES	4				Bank	Cemet	ery	Cal	ert.	Gec:	11.	W	d.	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH (Type or print) 4/RACE 6. AGE (In years last birthday) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country WIDOWED [DIVORCED [10. HTY OR TOWN OF GEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital requires that the death certificate be executed within give street address) Franch camplete signed by the attending physician and campleted burial-transit permit. Then please remave carb burial, crematian, ar remaval, and in any event, 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d, INSIDE CITY LIMITS? admission) STATE 13b. COUNTY COPI YES NO ennyar 14. FATHER'S NAME First Middle MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 ANFORMANT Yes, no, or unknown) (If yes give wor or dates of service) -67-2051 18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (3): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 20g. AUTOPSY? as CAUSES OF DEATH? YES 📑 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, potify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town

12a. USOAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during post of working life, even if retired.) INDUSTRY HOSS. 13e. STREET AND NUMBER -rench tow. Last BETWEEN ONSET AND DEAT 20h. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING (Enter nature of injury in Part 1 or Port 2, Item 18.) County Stote While Not while at wark 68, that (I) (we) lost 220. I certify that (1) (this hospital) attended the deceased from There is sow the deceosed olive on 1966, and that if (my) (our) opinion deoth occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR WEST DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (State) (County) REMOXAL (Specify) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

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DAYS

MONTHS !

2b. HOUR

HOURS

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	ECEASED-NAME Type or print)	First CALBI	ERT	Middle NM N		lost RIVERS		2a. DATE O	F DEATH Month 1	Day	9	Year 68		HOUR 10a
. SI	Male		4. RACE	egro		S. DATE OF BI	RTH 5-12		6. AGE (In year last birthday)	yrs.	MONTHS	OAYS	NOURS	24 HRS. MIN
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dm		C	13b. COUNTY	- V	Wash	ington	YES N	NO□ 153	36 Ridge	P	1,	SE		
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160	. WAS DECEASED EVER Yes, no, or unknown) Yes	IN U.S. ARMED		57909439		INFORMANT A Hosp.	ital .	Records	Addr s, Perry		oin			
	1B. CAUSE OF DEAT PART I. DEATH / 5 0 × Conditions, if ony, verse to immediate stating the underly last.	WAS CAUSED E IMMEDIATE which gove cause (a),	CAUSE (o) Br DUE TO, OR A (b) Ca	e for (o), (b), ond (c). onchopneu S A CONSEQUENCE OF ncer of e S A CONSEQUENCE OF	monia		hear	t, liv	er and to lung			APPROXIM BETWEEN ON		
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EDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING [(If either, notify me	CAUSE OF DEATH		Month Doy Yeor				200	ury in Part 1 or P	art 2, I	tem 18.)		
W	21d. INJURY OCCUR While Nat while at work at work 220. I certify the	hat My(this	hospital) atte	at nome, farm, street, fac office building, etc.	ed from	Dec. 2	9_, 19_	67 , to_	y or Town Jan. 9	., 19.	Cauni	, sharp	(Naka	State State Market
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. For shauld be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 hault Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

22b. SIGNATURE

tewart

PHYSICIAN'S NAME (Type)

23b. DATE

Home,

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

Perry Point, Md.

(County)

23a. BURIAL, CREMATION BULL Specify Arlington National Ceme.

Appress 4001 Benning Rd. N. Epawer Ing.

All Date Rd. Date 1/12/68

Washington, DC

MOONEY, M.D.

MED. DIRECTOR

virginia Arlington, Vi

22c. DATE SIGNED

1-9-68

ATTENDING PHYS.

22e. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

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. 2.		1. DE	CEASED-NAME First	. Middle	Last	2a. DATE OF DEATH	2b. HOUR
eot and and leat		(1	ype ar print) Samu	iel W.	Rowland	Month 20	1968
車		3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR OF UNDER 24 HRS
LIS OF SERVICE			Tale	Cau	Aug. 17.	1871 last birthday) YRS.	MONTHS DAYS HOURS MIN
in 24 hours of filled in by the papers. Pagin hin 72 hours		7a. 8		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
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that the death certificate be executed on. by the attending physician and comple transit permit. Then please remove ca cremotian, or removal, and in any even	10			or or dates of service) 2/4-20-1/	. 4		Congres Mid
certi ph hen nov				y ane cause per line far (a), (b), and (c)		marke de	APPROXIMATE INTERVAL
oth ding			PART I. DEATH WAS CAUSED	1 8Y:		000000	BETWEEN ONSET AND DEATH
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s that the cion. I by the transit, cremoti	10		nse to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1	101-	10005
10 11 77 1 3			last.	10) alreno.	ocersin & 6	Ma Age	10915
physic signed burial burial			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	1.	SE OR CONDITION GIVEN IN PART 1(a)	
w rading een the rto		NO	4500		NONE		
e law tendin s bee os th prior t	V	CERTIFICATION	19a. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
AN: The second of the second o	1	ERTIF	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2,	Item 18)
IAN ficot for for for He			OR CONTRIBUTING CAUSE OF CEATE	H HOUR A.M. Manth Day Year		(Ethel nature at injuly in Part 1 at Part 2,	nem to.)
rsic ospil certi hed t. of	2.0	MEDICAL	(If either, natify medical examinated 21d. INJURY OCCURRED 21e.		9 (CTORY,) 21f. LOCATION Street ar R.F.	D. Na. City ar Town	Caunty State
PH) he his etocl			While Nat while at wark	OFFICE BUILDING, ETC.	The sockhook shoot of Kil	is, ita.	caomy orang
NG the ter the de			22a, I certify that (I) (thi	s haspital) attended the deceas	ed fram MAY,	1960, to 1/2 , 19	968, that (I) (we) la
ed bed bid bed bed bed bed bed bed bed bed bed be			saw the deceased al	ive on	9 68, and that in (my) (ou	r) opinion death occurred on the d	ate and haur and from th
TOR TOR TOR			22b. SIGNATURE	, (I) (we) (did) (did not) view the	body offer death.	220	. DATE SIGNED
REC 3 s			Le QC)a1 = 0:00 a	DEGREE PHYS.	MED. STAFF /	15/68
AL CL DI			22d. PHYSICIAN'S	ng Juneyn	22e. ADDRESS	BIRLETON — THIS. — T	13/00
ERA ERA d be	- 1	,	NAME (Type) Dudl	ey Phillips	M.D. Darling	gton, Paryland.	
O HOSPITA Poge 4 moy O FUNERAL director, po	0	23a.	BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
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VR A15 ((4)	24.	FUNERAL PIRECTOR	Therson & LADORESS	2Sa. R	TAN PEGISTRAR 1900 256. REGISTRAR	S SIGNATURE
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Month (Type ar Print) ESTI-OF delay is and 3 to DEATH MATED 4. RACE 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH Day 26 -8-20 Month YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Give Pages ofter death 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Office along with death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 565 Richards YES NO in Item 18. hours lond 2 ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Exominer's hours pages INFORMANT ADDRESS pencil (Yes, no, or unknown) ELEN File = within This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. the Chief Medicol PART I. DEATH WAS CAUSED BY pending racto IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit uto Accident Canditians, if any, which gave rise ta immediate cause (a), writing the word DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause .⊆ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 05 removal, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate. be should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) FUNERAL DIRECTOR: Page 3 should PRIMARY OR CONTRIBUTING MEDICAL SICAL EXAMINER: cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. factory, office building, Your WHILE AT WORK AT WORK Intersection buriol, for 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection Inquiry Inquiry the funerol director. Natural causes . Accident . Suicide may be retoined death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type ADDRESS(Street, city, tawn, ar county) 0 23o. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town)

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12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

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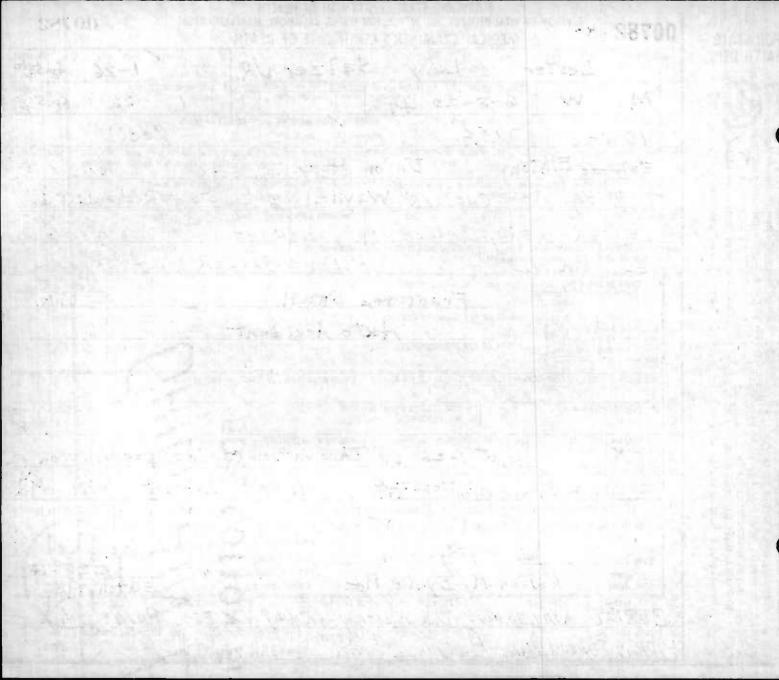
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VR A15ME (5) 10M REV. 1/68 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	CEASED-NAME	First		Middle		Last	2a.	DATE OF		D	V	2b.	HOUR5
(1	ype ar print)	Eva		S.		Shorts		Jan	Month	Day		68	A.M
. SE	X		4. RACE			. DATE OF BIRTH			6. AGE (In last birthe		IF UHDER I YEA		R 24 HRS.
F	Female		W	hite	100	July 23	, 189	30	87	YRS.	MONTHS UA	13 HOOKS	min,
	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COL	JNTY OF	DEATH				1
.0011	We	L	U	SA	WIDOWED	DIVORCED [(Ceci	.1			-31	Md
	ity or town of lising		gi	NAME OF HOSPITAL OR II we street address).	/		USUAL OCCU		ife, even if		12b. KIND INDUSTRY	OF BUSINES	SS OR
	USUAL RESIDENC ission) STATE	(Where deceased md	ed lived, if inst	itutian: Residence befare	13c. CITY OR 1		NO X	13e. STR	EET AND NU	JMBER			
14. F	ATHER'S NAME	First In dre	Middle	Slaughi		MOTHER'S MAIDEN NAI	1	10	7 ecc	Middle	At	Last	
	WAS DECEASED (es, na, ar unknow		MED FORCES? var or dates of service)	16b. SOCIAL SECURITY	' NO. 17. IN	FORMANT	5.	5ho	irts	Address	ret	me	d.
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	nse to immedi stating the un- last.	derlying couse	(b)_ DUE TO, C (c)_	IR AS A CONSEQUENCE O		THE TERMINAL DISEASE	ORCONDITI	ON GIVEN	IN PART 1((0)			~
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CERTIFICATION	19a. DATE OF OP	ERATION 19b.	CONDITION FOR	WHICH OPERATION WAS F	PERFORMED	20a. AUTOPSY? YES NO	0 🔲		YES, WERE F OF DEATH?	FINDINGS C	ONSIDERED II	N CERTIFYIN	NG
MEDICAL CER	21a. ACCIDENT OR CONTRIBUTIN (If either, notify	G CAUSE OF DEA	TH HOUR A.	M.	r 19	V INJURY OCCURRED (404	e of injur	y in Part 1	or Part 2,	Item 18.)		
ME	21d. INJURY OC While Not at work ot v	CURRED 21e.	PLACE OF INJUR	AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOC	ATION Street ar R.F.D). No.	City	or Town		County		State
	sow the	e deceosed o	live an	attended the decea id) (did not) view the	19 6 0 and	that in (my) (our)	19.67, opinion	todea(n o	ccurred a	, 19. in the da			ve) last om the
	22b. SIGNATURE	ne	Aw.	Seit	DEGRE	ATTENDING PHYS.	MED. DIRECTO	R 🗆	STAFF PHYS.] 22c.	DATE SIGNED	,19	68
	22d. PHYSICIAN NAME (Typ	S e) Ernes	st W.	Seiter, M	ID .	22e. ADDRESS Risi	ng S	un,	Md.	0			
230.	BURIAL, CREMAJ REMOVAL (Speci	()	DATE m. 9,1	968 23c. NAME O	ESIDE	REMATORY CEMETE		DO U	N (City or To	own)	(County)	(Stot	te)
24. P	FUNERAL DIRECTO	OR	Home)	male & De	S ELK	DAIA	CD BY REGI	ISTRAR 1960	- 1	EGISTRAR'S	SIGNATURE	42	X

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs greended. Page 4 may be retained by the haspital ar attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours are death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1					IFICALE OF DEATH		
// N		CEASED-NAME Firs	t .	Middle	Lost	20. DATE OF DEATH	26. НОР
1	(1	ype or print) Jam	es	Willard	Steele	January 19	. 1968 9:3
1	3. SE		4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H
١		Male		White	Aug. 5, 190	d lost birthdoy) YRS.	MONTHS DAYS HOURS M
		IRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY? 8. MAR	RIED NEVER MARRIED 9.	COUNTY OF DEATH	
ı	K	entucky	U.		WED DIVORCED	Cecil	
Ī	10. C	TY OR TOWN OF DEATH Elkton		11. NAME OF HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION GIVES TO THE STREET HOSPITAL OR INSTITUTION GIVES THE STREET HOSPITAL OR THE ST	N (If not in hospitol 120. USUAL orth Mano during most	OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	13o. odmi	USUAL RESIDENCE (Where deceded since the second ary land	sed lived, if 13b. COI	institution: Residence before 13c. C		13e. STREET AND NUMBER	worth Mano
f	14. F	ATHER'S NAME First	Mi	ddle Lost	IS. MOTHER'S MAIDEN NAME Firs	Middle	Lost
ı	N/A	Charl	es .	A. Steele	Reb	ecca	
1	160.	WAS DECEASED EVER IN U.S. AR			17. INFORMANT 45 Holl		
1	¥	es, no, of unknown) (If yes give	war or dates of ser	234-01-138	Mrs. Juanita	Mae Steele, E	
I		18. CAUSE OF DEATH (Enter of	only one couse	per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove	DUE TO	O, OR AS A CONSEQUENCE OF		100mm 1 (2 / 1/1	
1		rise to immediate couse (a),	L Diserra	b) /// C/ /4 S/ /4//	C ADENOCALU	INUMIA TROSASE	1 6 month
1		stoting the underlying couse	DUETO		PRIMARY LEF	T Kinnen	
	1	management of the second	ONDITIONS CO		TED TO THE TERMINAL DISEASE OR COM		
		1 20 X	Monitons co	NICIDOTINO TO DOCATIT DOT NOT KEEP	TED TO THE TEXNITIAL DISEASE OF COL	DITION OFFER IN PART 1(0)	
	CERTIFICATION	190. DATE OF OPERATION 198	o. CONDITION F	OR WHICH OPERATION WAS PERFORME		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
	\sim	The Court of the C			YES NO	THE RESIDENCE OF THE STATE OF	
		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE	ATH HOU	TIME OF INJURY R A.M. Month Doy Yeor P.M. 19	YES NO NOTE OF THE PROPERTY OF	oture of injury in Port 1 or Port 2, I	tem 18.)
2	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE (If either, notify medical exon 21d. INJURY OCCURRED 21d While at work 21d	niner) HOUF ne. PLACE OF IN	R A.M. Month Doy Yeor P.M. 19 JURY (AT HOME, FARM, STREET, FACTORY.)	21c. HOW INJURY OCCURRED (Enter n	City or Town	County State
2		OR CONTRIBUTING CAUSE OF DE (If either, notify medical exon 21d. INJURY OCCURRED 21d While at work 21d	niner) HOUF ne. PLACE OF IN	R A.M. Month Doy Yeor P.M. 19 JURY (AT HOME, FARM, STREET, FACTORY.)	21c. HOW INJURY OCCURRED (Enter n	City or Town	County State
2		OR CONTRIBUTING CAUSE OF DE (If either, notify medical exon 21d. INJURY OCCURRED 21d While at work 21d	niner) HOUF ne. PLACE OF IN	R A.M. Month Doy Yeor P.M. 19 JURY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. No. m	City or Town 2, ta 17341, 19 an death accurred on the dot	County State
2		or CONTRIBUTING CAUSE OF DE (If either, notify medicol exon 21d. INJURY OCCURRED While Mot work 22a. I certify that (I) (\$\frac{1}{2}\text{ saw the deceosed causes stated about 22b. SIGNATURE}	his hespita alive an ve, (I)	R A.M. Month Doy Yeor P.M. 19 JURY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. No. m , 19 6 , ond that in (my) () opinioter death. DEGREE ATTENDING PHYS. 22e. ADDRESS	City or Town 2, ta 17341, 19 an death accurred on the dot	County State State ond hour and from DATE SIGNED 3 JAN 1968
2	WEDICAL .	OR CONTRIBUTING CAUSE OF DE (If either, notify medical exon 21d. INJURY OCCURRED While Mot while 22a. I certify that (I) (4 saw the deceosed causes stated abov 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b	his hespita alive an ve, (I)	R A.M. Month Doy Yeor P.M. 19 NJURY (AT HOME, FARM, STREET, FACTORY.) I) attended the deceosed fro 19 Add) (did not) view the body of Gray M.D. 23c. NAME OF CEMETE!	21f. LOCATION Street or R.F.D. No. m	City or Town 2, ta // 340 , 19 an death accurred on the dot CITOR STAFF 220. C CITOR PHYS. 220. C CITOR PHYS. 220. C 220. C CITOR TOWN 220. C 220. C CITOR TOWN PARK, E 230. LOCATION (City or Town) Park, Elkton,	County State County State Signed State Signe

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	CEASED-NAME	First		Middle		Lost		2o. DATE C		4 0				HOUR
11	ype or print)	CHA	RLES	STEWART	2	TEBBS	JR.		Мо	nth 1 Do	18	Yeor 68	4:	00 m
. SE	X	444	4. RACE		S	DATE OF BIRT	TH			(In years	IF UNDER		IF UNDER	24 HRS.
	Male	70.5	414127	White	9.0	10-1	9-21		46	oirthdoy) YRS.	MONTHS	DAYS .	HOURS	MIN.
o. E	IRTHPLACE (State or fo	oreign 7t	. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRI	IED	9. COUNTY O	F DEATH					
WE	shington	, DC	U.S.		WIDOWED		ED 🛣	Ced	cil					Md.
	ITY OR TOWN OF DEAT		11. N	AME OF HOSPITAL OR INST	ITUTION (If not	in hospital	12o. USU	AL OCCUPATIO	N (Kind o	f work done	12b.	KIND OF	BUSINESS	OR
I	Perry Poi	nt	Ve		ninist		during m	lerk	g lite, eve	n it retired.)	INDU	JSTRY		
30.	USUAL RESIDENCE (Wh	ere deceosed	lived, if institut	ion: Residence before	A3c. CITY OR T	DWN 13	3d. INSIDE CITY L			D NUMBER		91		N. S
amı	ssion) STAMary:	land	13b. COUNTY	rincember	rges	Laure	Mess No	0 16	1087	Kent	5 mm	n R	load	
4. F	ATHER'S NAME F	rst	Middle	Lost	15.	MOTHER'S MAIL	DEN NAME F	First		Middle			Last	
	Cl	HARLES	S.	TEBBS SR.		PAULI	NE CA	ALLAHA	IN					
60.	WAS DECEASED EVER	N U.S. ARMED	FORCES?	16b. SOCIAL SECURITY NO	O. 17. INF	ORMANT				Address		1.000		
T	es, no, or unknown) Yes	WW	II	577-20-61	167 VA	Hospi	tal R	Records	s. Pe	erry I	Poin	t. M	d.	
				ne for (o), (b), ond (c).)		-	1-1-11		7			APPROXIM BETWEEN ON	ATE INTERV	/AL EATH
	PART I. DEATH V	VAS CAUSED B	Y: CAUSE (a) F	ronchopne	umonia							217		
	3459	IMMEDIATE		AS A CONSEQUENCE OF					dis	order				11
4	Conditions, if ony, w			hronic br	ain sv	ndrome	with	h conv						
	rise to immediate of stating the underlyi			AS A CONSEQUENCE OF	<u> </u>									-0.0
	lost.	ing couse)	(c)											
	PART 2. OTHER SIGNI	FICANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO	HE TERMINAL	DISEASE OR C	CONDITION GIV	EN IN PAR	T 1(o)				
2	307 X													
ATIO	190. DATE OF OPERATIO	ON 19b. CO	NDITION FOR WH	IICH OPERATION WAS PER	FORMED	20o. AUTOPS	SY?			RE FINDINGS	CONSIDER	ED IN CE	RTIFYING	;
CERTIFICATION						YES 🗆	NO X	CAUS	ES OF DEA	TH?				
	210. ACCIDENT WAS		21b. TIME O		21c. HOV	INJURY OCCU	RRED (Ente	er noture of in	ury in Por	t 1 or Port 2,	Item 18.)		
MEDICAL	OR CONTRIBUTING (If either, notify med		HOUR A.M.	Month Doy Yeor										
MEC	21d. INJURY OCCURR	ED 21e. PL		AT HOME, FARM, STREET, FACT	ORY,) 21f. LOC	ATION Street	or R.F.D. No	o. Cit	y or Towr	1	Coun	ly	S	tote
	While Not while at work			OFFICE BUILDING, ETC.	1									
	22a L certify the	ntXIX (this	haspital) ott	ended the deceose	d from D	ec. 20		67, to_	lan.	18.19	68	. xbatx	w k(tt)	tzak fe
	sawxthexde	easedaliv	exovaxxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXond	that in (my) (aur) api	inion deoth	occurre	d on the d	ote ond	hour	nd fro	m the
		ed abaye, (I) (we) (did)	(did not) view the b	ody after de	ath.								
	22b. SIGNATURE	She	Ell.			ATTENDING		MED.	STAFF	220	DATE SIC	NED 8		
	on I BUNGLELAUSE	0			DEGREE	11110.		DIRECTOR L	PHYS.	3 <u>33</u>	10	-00		
	22d. PHYSICIAN'S NAME (Type)	S. G	OLDGRA	BEN, M.D.		22e. ADDRI V A		erry Po	oint	. Md.				
,	CURINI COEMITICA				FAMETERY 02 0	-	, - 0				16		10.	
230.	BURIAL, CREMATION, REMOVAL (Specify) DUPI & I	23b. DA	2/68	23c. NAME OF C			שייני	Wash	ingt	or lown)	(Cour	Ty)	(Stote)
	FUNERAL DIRECTOR	17/5	2/00					1					- 13	
-			7.7	2901 ADD 451			2So. REC'D E	22	968200	. REGISTRAR	2 Co	Jus	gli	
.1	H. HINES F	uneral	. Home,	Washingto	on, DC		DATE	- 70 1						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs of VR A15 (4) 30M REV. 1/68 CEVOO TOTAL CONTRACTOR

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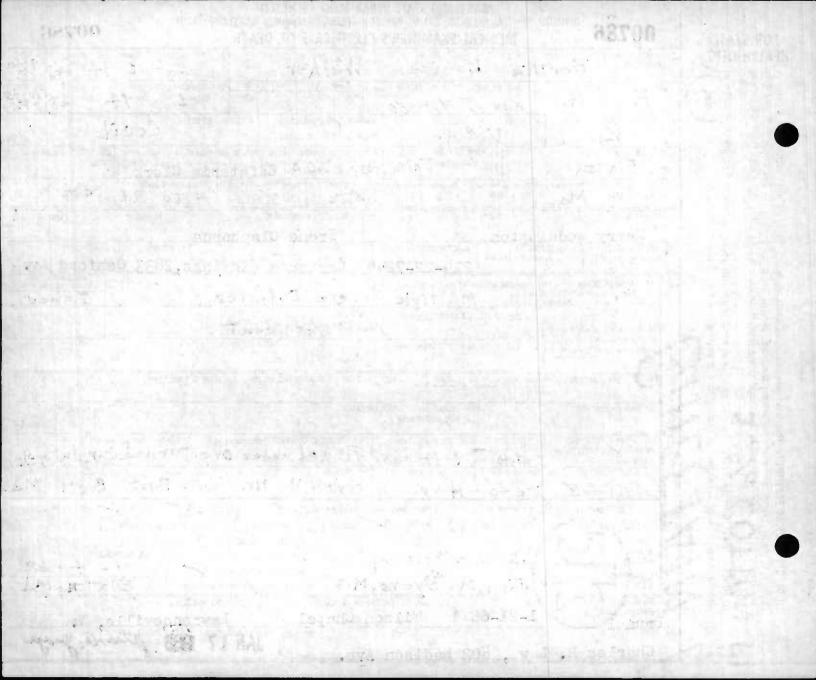
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CER1	IF	ICATE	OF	DEA	HTA

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	DECEASED NAME First Middle (Type or print) W. IIIA M R.	1111	LOST	2a. DATE OF DEATH	nth Day	Year	2b. HOUR
3. S	SEX 4. RACE	5.	DATE OF BIRTH	6. AGE	(In yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	M. W		3-14-1		icthdoy) YRS.	MONTHS DAYS	HOURS MIN
70. cou			NEVER MARRIED	9. COUNTY OF DEATH	7 11		
10	CITY OR TOWN OF DEATH / 11. NAME OF HOSPITAL OR INSTIT	WIDOWED		AL OCCUPATION (Kind of	work done	12b. KIND OF	Mc
	ELKTON give street address) Uni	on	Hosp. during m	ast of working life, eve	n if retired.)	INDUSTRY A	UT-
13o. odm	Link COLUMN	Chese		MITS? 13e. STREET AND	NUMBER		
14.	FATHER'S NAME First Middle Last Charles WHAR TOA	15.1	NOTHER'S MAIDEN NAME F	irst ARA	Middle C 1 V	150 h	Last
	So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 091-01-8732		ORMANT Lara M. Whan	ton (hesape	Address eake (i	ty, Md.	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						ATE INTERVAL ISET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MPI	HOSARC	OMA		1	year
	DUE TO, OR AS A CONSEQUENCE OF						
	Conditions, if any, which gove rise ta immediate cause (a), (b)	March 1			0.000		
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	DELATED TO T	THE TERMINAL DISEASE OF	OMDITION CIVEN IN DAD	T 1/a)		
	A contract to the second secon	KELATED TO T	HE TERMINAL DISEASE OF C	ONDITION GIVEN IN FAK	1 1(0)		
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFO	DRMED	20a. AUTOPSY?	20b. IF YES, WEI		NSIDERED IN CE	RTIFYING
MEDICAL CERT		21c. HOW	INJURY OCCURRED (Enter	r nature of injury in Part	l 1 ar Part 2, Ita	em 18.)	
ME	While Not while at work at wark	1				County	State
	22a. I certify that (I) (this haspital) attended the deceased saw the deceased alive an august (did not) view the ba	fromL cd_, and t dy after de	2 - 2 4 , 19 6 that in (my) (947) api ath.	nian death accurre	d an the dat	6 🖔 that e and haur c	(I) (we) las ind fram the
	Betwo Copuns M.C), DEGREE	ATTENDING NPHYS.	NED. STAFF PHYS.		ate signed u. 21	-68
	22d. PHYSICIAN'S NAME (Type) Retro Capurco, M.D.		22e. ADDRESS) 3 E	1KT	m 1-	10
23a	Id. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEN			23d. LOCATION (City of		(Caunty)	(State)
24	BEMOVAL (Specify) 1-24-68 Bet 4. FUNERAL DIRECTOR ADDRESS.	nel (e	emetery 25a. REC'D B	hesapeake	KEGISTRAR'S S	lecil,	Md.
	IPPIN FUNERAL HOME	281b	ton, Modate JA	N 2 3 1968	Pilia	reles Que	dela !
-	The wife with the second	CAN	COTG TELEBOATE	20 0 1000		- 1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death in by th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 bourses. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deg

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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					ERTIFI	CATE OF	DEATH					00	100
	CEASED-NAME	First		Middle		Lost		20. D	DATE OF DEATH	48	D	V	26. НФР№
(1)	ype or print)	Granvil	le	D.		Wilso	n	-1.	Januar	У.	10.	1968	8:40
3. SE	X		4. RACE		1 7	S. DATE OF B	IRTH	31	6. AGE	(In years irthday)		UNDER 1 YEAR	IF UNDER 24 HRS.
M	ale		Wh:	ite					1031 0	64 Y		MIIIS DAIS	IIIONS IIIII
7o. B	BIRTHPLACE (Stot	e or foreign 7	b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED		NTY OF DEATH				
COUNT		yland		S. A.	WIDOWED		RCED		Cecil				Mo
1D. C	TIY OR TOWN OF			IAME OF HOSPITAL OR INS		nat in hospital	1 Jan USL Lauring n	JAL OCCU	PATION (Kind of vorking life, eve ea -El	n if retire	ne d.)	12b. KIND OF I	BUSINESS OR P V A
120				tion: Residence befare			13d. INSIDE CITY		13e. STREET AND			Tall =	HOSD.
	issian) STATE	Marylar	13b. COUNTY	ecil		kton		NO 🗌				in St	reet
14. F	FATHER'S NAME	First illiam	Middle H •	Lost Wilson		IS. MOTHER'S N		First ary		Middle		Knig	lost ght
16a. Y	es, na, ar unknov	EVER IN U.S. ARME vn) (if yes give war	D FORCES? or dates of service)	16b. SOCIAL SECURITY I 212-16-5		Mr. F	Ray B	. Wi	lson,	Addres			
	1B. CAUSE OF	DEATH (Enter only	one cause per l	line far (a), (b), and (c).		7		4					MATE INTERVAL NSFF AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEALT TOURSE TOUR							221					
	269	. 1	DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if any, which gove) (b)							Inh					
	rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF							7-6	0				
	last.)	(c)	Maly	w	nece	~					1200	21
	PART 2. OTHER	SIGNIFICANT COND	OITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OF	RCONDITIO	ON GIVEN IN PAR	RT 1(a)			
NO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER									CIDEDED IN CE	DTICVING		
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. A YES						Da. AUTOPSY? YES NOTE NOTE AUTOPSY? YES CAUSES OF DEATH?					אוטנאנט וא כנ	KIIFIINO
		WAS UNDERLYING				HOW INJURY O	CCURRED (Ent	ter nature	of injury in Por	rt 1 or Par	t 2, Iten	n 18.)	
MEDICAL		NG CAUSE OF DEATH y medical exomine		. Month Day Yeor									
MEC	21d. INJURY O While Nat	CCURRED 21e. F		(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		LOCATION Stre	eet or R.F.D. N	lo.	City or Tawr	1		Caunty	Stote
	22g certi	fy that (1) (this	haspital) at	tended the deceas	ed from_		, 199	64.	ta/_				TI) (we) las
	saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above (1) (we) (did) (did not) view the bady after death.												
	22b. SIGNATURI	1	(£	-	ATTEND	ING 🔽	MED.	STAFF			TE SIGNED	
			2/10	Jung	ę DE	GREE PHYS.		DIRECTO	R PHYS.		1/	12/68	3
	22d PHYSICIAN NAME (Ty		ph G.	Langi					ical Pa		El	kton,	Md.
23a.	BURIAL CREMA	4.30				OR CREMATORY		23d.	LOCATION (City	or Town)		(County)	(State)
	PEMOVAL (Spec	Lua	n.14,1	968, Asbu:		emeter	y	DV DEG	CTDAD Loca	b. REGISTI	cil	Ma	ryland
24.	FUNERAL DIRECT	CAN CO	. He	ADDRESS		מס לזיית	2Sa. REC'D						al wast
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